



Send Completed Application to: WFS, PO Box 68, Truman, MN 56088 or FAX 507-776-1292.

Credit Application for Business Accounts

Name of Business _____

Billing Address _____

City, State, Zip _____ Phone _____

Accounts Payable Contact _____ FAX # _____ Federal ID Number _____

Shipping Address _____ City, State, Zip _____

Type of Business _____

Corporation _____ Partnership _____ Proprietorship _____

Principal Officers/Owners _____

Credit References

Name of Bank _____ Phone _____ FAX _____

Address _____ City/State/Zip _____

Contact person _____ Account Numbers _____

Trade References

1) Name _____ Address _____ City, State, Zip _____ Phone _____ FAX _____	3) Name _____ Address _____ City, State, Zip _____ Phone _____ FAX _____
2) Name _____ Address _____ City, State, Zip _____ Phone _____ FAX _____	4) Name _____ Address _____ City, State, Zip _____ Phone _____ FAX _____

PRODUCTS AND SERVICES NEEDED

Please check those that apply:

LP _____ Fuel Oil _____ Diesel _____ SNL _____ Agronomy _____ Feed _____ Tires/Repair _____ Misc _____

CARDTROL CARDS: Diesel _____ Gasoline _____ Number of cards requested _____

Everything that I (we) have said in this application is correct to the best of my (our) knowledge. You are authorized to check my (our) credit and employment history now and as long as I (we) have an open account or a balance with you, and to provide credit ratings to other credit grantors about your experience with me (us). My (our) use of the account or Cardtrol cards indicates my (our) acceptance of the terms and conditions included in the Watonwan Farm Service Credit Policy provided with the application. Further, I (we) acknowledge I (we) have read and understand the Cardtrol Operating Instructions and Automated Self Service Agreement, which is also attached. I (we) agree to seek instructions for operating the pumps prior to my (our) first usage. If this is an application for a joint account, we understand that each joint applicant will have the right to use the account and that we will both be jointly and severally liable for all credit extended on the account.

X _____ Date _____ X _____ Date _____
Applicant's Signature Co-Applicant's Signature