



Send Completed Application to: WFS, P.O. BOX 68, Truman, MN 56088 or Fax 507-776-1292

Credit Application for Individuals or Sole Proprietors

Applicant _____

Co-Applicant _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Fax Number _____

E-Mail Address _____

How long at present address _____ Own or Rent _____

Landlord's Name _____ Phone _____

Previous Address _____
(If less than two years at present address)

Nearest relative not living with you _____

Address _____ Phone _____

<u>APPLICANT</u>	Credit Information	<u>CO-APPLICANT</u>
Date of Birth _____		Date of Birth _____
Social Security No. _____		Social Security No. _____
Employment _____		Employment _____
How Long _____		How Long _____
Work Phone _____		Work Phone _____

Credit Reference		
Name of Bank _____	Phone _____	FAX _____
Address _____	City/State/Zip _____	
Contact person _____	Acct. Numbers: Checking- _____	Savings- _____

PRODUCTS AND SERVICES NEEDED: *Credit amount requested \$ _____

AGRONOMY: No. of acres _____

FEED: Type of Livestock _____

HOME HEATING: LP _____ (*Own LP Tank: Yes _____ No _____) Fuel Oil _____ (#1 _____ #2 _____)

Keep Full _____ Request Information on Home Heating Budget Program _____

BULK FUEL: Diesel _____ SNL _____

CARDTROL CARDS: # of Cardtrol Cards Requested _____ Diesel _____ Gasoline/Ethanol _____

MISC: Pet Food _____ Tire Shop _____ Other _____

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 _____	X _____		
APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE