PIATT COUNTY SERVICE COMPANY

427 W Marion St
Monticello, IL 61856
217-762-2133
www.piattfs.com

FAST STOP Card Application/Agreement

Full Legal Name of Applicant	Date of Birth / /	Phone #	
		Cell #	
Address, Street # or RR		S.S.# or TIN #	
P.O. Box	City		
EMAIL		State	Zip Code
Length at Current Residence _____ years. ☐ Own ☐ Rent (check one)		Farm Bureau Member ☐ yes ☐ no	
(If you rent) Landlord's Name: _____ Phone: _____		County	Mem. # _____
Co-Applicant (Full Legal Name)		S.S.# or TIN #	
		Cell #	

Nearest Relative (not presently living with you)
Name: _____ Address: _____ Phone: _____

Bank Reference: _____ Contact: _____
Address: _____ Phone: _____

Applicant Employed By:		Co-Applicant Employed By:	
Address, Street # or RR		Address, Street # or RR	
P.O. Box	City	P.O. Box	City
Phone #	Present Position	Phone #	Present Position
Number of Years	Annual Salary $	Number of Years	Annual Salary $

CARD SET UP

Number of cards requested: _____ Name on cards: _____

All cards have a four digit driver number if you would like to choose your own. ___ ___ ___ ___

Do you want your fuel purchases tracked by vehicle ID? . . . . . Yes ☐ No ☐ (check one)
Do you want your fuel purchases tracked by odometer reading? . . . . . Yes ☐ No ☐ (check one)
If you have requested more than one card, do you want all Driver numbers the same or different? . . . . . Yes ☐ No ☐ (check one)

AGREEMENT

I/we (applicant) gives the above information for the purpose of obtaining credit from PIATT COUNTY SERVICE COMPANY and said information is certified to be true. All applicants authorize company to investigate applicant's credit as necessary to act on or verify information contained herein, through all available means. Applicant further authorizes any bank or other grantor of credit to applicant to release to company or its assignee all credit and financial information requested, and consents to company giving such creditors a copy of this application upon request. Applicant agrees that a photocopy or fax of this document shall be as valid as the original. In consideration of company selling merchandise and services to applicant(s), the applicant(s) agree to the following terms:

The disclosures and information are made and given in accordance with the requirements of the Federal Truth-in-Lending Act.

1. In the event the amount due the Company as evidenced by the monthly statement is not paid in full within 30 days, a FINANCE CHARGE may be computed on the unpaid balance. Such unpaid balance includes any charges remaining unpaid from the previous monthly statement after deducting payments and/or credits received during the current billing cycle. This FINANCE CHARGE shall be calculated for each billing cycle as long as there remains an unpaid balance. To the extent permitted by law, you will also be required to pay our collection expenses, including court costs and reasonable attorney's fees.
2. The amount of such FINANCE CHARGE will be computed on the unpaid balance at a periodic rate of 2% on such unpaid balances. (Minimum FINANCE CHARGE is $.50.) This represents an ANNUAL PERCENTAGE RATE of 24%.
3. Credit privileges will be extended for a period of 30 days from the date of the merchandise or service first appeared on a monthly statement. After this 30 day period, no further credit will be extended until payments are received to bring the account within this 30 day period.
4. Accounts that have balances over $1,000 and are 60 days past due will be sent a certified letter stating that they will be given 30 days to pay their bill or can secure an Agri-Finance note. After those 30 days and a balance is still outstanding, the patron will be sent to the lawyer for collection. Management will present cases for exceptions to this policy.

Notify Us in Case of Errors or Questions about Your Bill

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us (on a separate sheet) at the address listed on your bill. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex or marital status, or age (provided the applicant has the capacity to contract in accordance with applicable State law); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this FS Company is the Federal Trade Commission, Washington, D.C. 20580.

I hereby acknowledge receipt of a copy of this Credit Application. Signed this _____ day of _____, 20_____.

Individuals:	Partnership:	Corporation:
Signed:_____	Signed:_____	Signed:_____
Print Name:_____	Print Name:_____	Print Name/Title:_____
Signed:_____	Signed:_____	Signed:_____
Print Name:_____	Print Name:_____	Print Name/Title:_____

This is the second page of a two page agreement, with signatures above binding applicant to conditions of each page

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