



SOUTH CENTRAL FS, INC.
CREDIT APPLICATION
Fill out Completely



Applicant Last Name	First	Initial	Social Security #	Phone Number	Date of Birth
Co-Applicant Last Name	First	Initial	Social Security #	Phone Number	Date of Birth
Address	City	State	Zip Code	Own	Rent
Current Employer	Address	Phone #	Years Employed		
Position	Monthly Income	Farm Bureau Member	If Yes, Which County		
		Yes No			

Types of Purchases:	Propane Tank:	Tank Size
Propane Fuel Faststop Ag Feed	Owned Leased	500 1000

Email address:	Would you like to go paperless and receive your statements via email?
	Yes No

If you would like to be set up for online billing please visit our website at www.southcentralfs.com

Credit References:

Name of Bank	Address	Phone Number

Previous LP Supplier or Trade Reference	Address	Phone Number

Disclosure

Credit Terms:
All statements are due on the 25th of the month.
The statement will cover purchases from the 1st of the month through the last day of the month. Statements will be mailed approximately the 5th of the following month. A finance charge of 2% will be added on the last day of each month thereafter on any unpaid balance.
Any account over 90 days old will be subject to collection procedures.

Credit Request & Agreement:

My signature certifies that the above information is correct. As part of this application for credit, I grant South Central FS, Inc. and all entities of South Central FS, Inc. permission to contact consumer credit reporting agencies, and any or all the trade and bank references listed above. I also give consent to any lender providing services to me to release my current financial statement upon request. In the event of default, South Central FS, Inc. or any of its entities has the right to declare the entire balance of your account immediately, due and payable. If any unpaid balance is referred to an attorney for collection, you will pay to the extent permitted by law, reasonable attorney fees and collection costs. I am requesting that credit be extended to me, subject to the Credit Terms of South Central FS, Inc. and all entities of South Central FS, Inc..

Applicants Signature:	Date:
Co-Applicants Signature:	Date:

Please Return to: PO Box 629, 405 S Banker St Effingham, IL 62401
Phone: (217) 342-9231 Fax: (217) 347-5959
Email to: credit@southcentralfs.com

Office Use Only:

Account #	Approval/Declined Date	Approved by	Salesperson #: