



# NEW CENTURY FS

1017 Ogan Avenue P.O. Box 781 • Grinnell, Iowa 50112-0781 • (641) 236-3117  
 Fax (641) 236-5363 • Toll free 1-888-488-3737

## Commercial Credit Application

Company Name: \_\_\_\_\_ Fed ID # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Years in Business: \_\_\_\_\_

### Bank References:

Bank Name: \_\_\_\_\_

Checking

Address: \_\_\_\_\_

Savings

Telephone: \_\_\_\_\_

Loan

Bank Name: \_\_\_\_\_

Checking

Address: \_\_\_\_\_

Savings

Telephone: \_\_\_\_\_

Loan

### Other Reference:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I acknowledge the New Century Farm Service Company has a monthly FINANCE CHARGE of 2.0% which is equivalent to an ANNUAL PERCENTAGE RATE of 24% which will be assessed on all accounts over 30 days old. After 30 days from the original statement date, no further credit will be extended. The undersigned applicant, in case of suit to collect any account, agrees to pay attorney fees related to the collection.

In order for New Century Farm Service to properly evaluate my application, I also give authorization to verify the above credit application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Salesman: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_