



MADISON SERVICE COMPANY

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Edwardsville, Illinois 62025-0010

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CREDIT APPLICATION

Patron Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ SSN: _____

E-mail address: _____

Employer Name: _____

Address: _____

Phone: _____ Title/Position: _____

Note: If employment with current employer is less than one year, please provide this same information about your previous employer in the space provided: _____

Products you plan to purchase? _____

Are you a Farm Bureau Member? Yes No If yes, in which County? _____

CREDIT TERMS

All statements will be prepared as of the end of each month. These statements will show the purchases and payments for the preceding 30 days.

All accounts are due and payable in full within 30 days of the statement date.

A monthly FINANCE CHARGE of 2% which is the equivalent of an ANNUAL PERCENTAGE RATE of 24% will be assessed on all amounts not paid within 30 days of the statement date.

If in default, then I will pay you your reasonable Attorney's fees, costs and disbursements incurred in any legal proceedings to collect this account.

I have read the above stated terms and understand my responsibilities in meeting them. I am requesting that credit be extended to me, subject to the credit terms of Madison Service Company.

I authorize Madison Service Company to inquire as to my credit worthiness. The above information is given for the purpose of obtaining credit from Madison Service Company and is certified to be true and correct.

Signature: _____ Date: _____

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