

Cenex® Voyager® Fleet Card Application

Fax your application to **888-643-6456**. If you have any questions, please call 800-852-8180 M-F, 7am-5pm, CST.

How did you find out about the Cenex Voyager Fleet program? _____

Please print clearly in black ink.										BUSINESS CREDIT INFORMATION										05/12									
Full Legal Business Name										Phone					Fax														
Business Name to Appear on Cards																													
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																													
Principle Business Activity					DBA					Subsidiary of: Headquarters Name, Address, Phone					Division/Branch of: Headquarters Name, Address, Phone														
IMPORTANT: Complete the Personal Guaranty below if in business less than three years. Check One: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Nonprofit <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Government																													
Street Address										City					State					Zip									
Billing Address <input type="checkbox"/> Same as above										City					State					Zip									
Principal(s)/Authorized Officers Names and Titles															Fed. Tax ID No.														
Credit Line Requested \$					Number of Vehicles					In Business Since/Date					Year of Incorporation					Year of Current Ownership					Fiscal Year End Month				
IF YOUR MONTHLY CREDIT LINE REQUESTED IS MORE THAN \$10,000, PLEASE PROVIDE YOUR FISCAL YEAR-END BALANCE SHEET AND INCOME STATEMENTS. If there are any other Cenex Credit Card accounts affiliated with this business applicant, please list by name or account no:																													
REFERENCES (REQUIRED)																													
Primary Bank					Address					City					State					Zip									
Bank Contact Person										Phone					Fax														
Commercial Checking Account Number																													
At which Cenex Fueling Station do you purchase?																													
Merchant Name					Address					City					State					Zip									
FLEET CONTACT PERSON																													
The fleet contact person is the individual designated by your company to receive all credit cards, Vehicle Reports, and other such information as we provide from time to time. This is also the person designated by your company to provide all fleet, vehicle, driver, and other information we may request.																													
Contact Name					Title					Phone					Fax														
Contact Person's Email Address (required)										Business Web Site Address																			
PROGRAM OPTION																													
<input type="checkbox"/> Set up Tax-Exempt account. Need to enclose a copy of your State Tax Certificate. <input type="checkbox"/> Choose your Payment Due Date: <input type="checkbox"/> 10th <input type="checkbox"/> 18th <input type="checkbox"/> 25th <input type="checkbox"/> Last Day of Month										<input type="checkbox"/> Send information on ACH Payment Program. <input type="checkbox"/> Email Statements.					<input type="checkbox"/> Online Access <input type="checkbox"/> Unusual Activity Reports														
AUTHORIZED SIGNATURE (REQUIRED)																													
By signing below, I attest and acknowledge that the Applicant is a valid business entity and that I am authorized to make this application on the Company's behalf, and that all information submitted is complete and accurate. I further acknowledge that I have read, understand and accept the terms and conditions of the Cenex® Fleet Credit Card Summary of Terms attached or on the reverse side of this Application and acknowledge they are incorporated herein, and made a part hereof. I authorize CHS to contact references and obtain a credit report on Applicant, now and in the future, as it deems necessary.																													
Signature of Authorized Representative										Date					Print Name					Title									
X																													
CREDIT REPORT AUTHORIZATION																													
The undersigned, as a sole proprietor, or principal or owner of the corporation, or as a partner of a partnership, authorizes CHS to review their consumer credit history, now and in the future, by any manner available, including obtaining consumer reports, as CHS deems necessary.																													
Signature of Authorized Representative										Date					Print Name					Title									
X																													
Social Security No.					Date of Birth					Home Street Address																			
City					State					Zip					Home Phone														
PERSONAL GUARANTY																													
If we are unable to grant credit on the basis of your Company's information, we may be able to do so if you agree to be personally responsible for paying for your Company's account.																													
In consideration of the extension of credit by CHS to the Applicant, the undersigned Guarantor(s), jointly and severally with the Applicant, unconditionally guarantees payment of all amounts due by the Applicant to CHS, together with reasonable attorney's fees and costs in enforcing this guaranty and/or the outstanding obligations of the Applicant. Upon nonpayment by Applicant, CHS may, at its option, make immediate demand upon Guarantor(s) for payment. This guaranty is enforceable against the undersigned Guarantor(s) without the necessity of notice, demand, suit or other proceedings against the Applicant or Guarantor(s). The liability of the Guarantor(s) shall be primary and not affected by the Applicant's bankruptcy, and shall continue until all amounts owed are fully satisfied. Guarantor(s) authorize, without notice, consent or demand, all changes in terms or credit limits, which may be renewed, accelerated or extended from time to time. Guarantor(s) also authorizes CHS to review their credit history, now and in the future, by any manner available, including obtaining consumer reports, as CHS deems necessary.																													
Print First Name/MI/Last Name															Date of Birth														
Social Security No.										Home Street Address																			
City					State					Zip					Home Phone														
Guarantor's Signature															Date														
X																													

CENEX® FLEET DATA FORM

Please provide the necessary vehicle and driver information to set up your account. If you have any questions, please call (800) 852-8180, M-F, 7 am to 7 pm, CST.

VEHICLE REPORT

VEHICLE DESCRIPTIONS: If you have more than 11 vehicles or drivers, please provide the additional description and names on a separate sheet of paper and enclose it with this application. Keep in mind that fleet cards are assigned to vehicles, not drivers.

Year	Make	Model
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

DRIVERS' NAMES: Drivers may choose their own 4 digit Driver Identification Number (DIN). Please assign numbers beside names or leave blank if you wish us to randomly assign.

1.	□ □ □ □
2.	□ □ □ □
3.	□ □ □ □
4.	□ □ □ □
5.	□ □ □ □
6.	□ □ □ □
7.	□ □ □ □
8.	□ □ □ □
9.	□ □ □ □
10.	□ □ □ □
11.	□ □ □ □

Check here if you wish cards to be valid for fuel purchases only.

(Please note that purchase authority restrictions may not be enforced if electronic authorization is inoperative, i.e. during a system outage.)

CENEX® FLEET CREDIT CARD SUMMARY OF TERMS (THE "SUMMARY")

The following information summarizes certain terms of the Cenex® Fleet Credit Card Agreement (the "Agreement"). The Company, as the applicant, will be contractually liable to CHS Inc. ("CHS") under the terms of this Summary, as well as the Agreement. The Agreement will be provided to the Company with the card once the account is approved and set up.

Use of Cards

The cards are to be used for business or agricultural purposes, and not primarily for personal, family or household purposes.

Payment Terms

The Company will pay the balance due in full net 25 days.

Finance Charge

If the Company does not pay its balance in full, the Company shall incur a finance charge of 1.5% per month or 18% annually. In addition, the Company will be in default under the Agreement, and CHS, at its option, may take a number of actions set forth in the Agreement, including but not limited to, requiring immediate payment of the outstanding balance, or suspending or terminating the account.

Calculating the Finance Charge

The Finance Charge is computed by adding the balance at the end of each day in the billing period and dividing that sum by the number of days in that period.

The balance outstanding each day is determined by adding purchases and charges and subtracting payments and credits from the balance outstanding on the previous day, excluding any unpaid finance charges.

Dishonored Payment Fee

If any check or other payment the Company presents to CHS is returned unpaid, the Company may be assessed a dishonored payment fee under the Agreement to the extent permitted by law.

Automated Facilities

The Company may be able to make automated fuel purchases, which are purchases of petroleum products or oil obtained on credit through electronic card operated terminals at certain locations accepting the Card. The Company agrees that use of the Card and the corresponding entry of sales data through the electronic card system will evidence the Company's agreement to pay for such purchases.