

MAXYIELD FUEL CARD APPLICATION

-complete all blanks-

New Application _____ Request for Replacement Card _____

NAME _____ MaxYield Acc't # _____

ADDRESS _____

MAILING ADDRESS(If different than street address) _____

CITY _____

SS# / TAX ID _____ BIRTH DATE _____

If in name of a corporation or partnership, Name of Pres., Gen partner _____

Home Phone # _____ Work phone # _____

Cell Phone # _____

REASON FOR REPLACEMENT _____ NEW PIN? – Yes or No
(Note: - If card is lost or stolen, a new PIN number will be issued with your new card, otherwise, you will retain your same PIN number unless a new PIN is requested.)

NUMBER OF CARDS REQUESTED: _____

MAXIMUM DOLLARS PER TRANSACTION: \$60 \$100 \$200 \$ semi-truck
\$500

WHAT INFORMATION DO YOU WANT TO SHOW ON YOUR MONTHLY STATEMENT
IN ADDITION TO GALLONS AND DOLLAR AMOUNTS:

None _____ Vehicle # _____ Odometer Reading _____

FUEL CHOICES: (Check One)

All Fuels _____ Gasohol / Unleaded _____ Diesel Fuels _____

AUTHORIZED CARD USERS OTHER THAN MYSELF: _____

I understand that I am responsible for the payment of all purchases charged by any user of this card and agree to payment of all charges as per the terms of MaxYield Cooperative credit policy. My failure to pay as per the terms of the credit policy may result in immediate cancellation of card privileges. Collection efforts/costs as may be added to your account.

APPLICANT'S SIGNATURE _____ DATE _____

Please mail or e-mail completed application to:

Fuel Card Application

MaxYield Cooperative

P.O. Box 49

West Bend, Iowa 50597

Attn: dmiller@maxyieldcooperative.com

For Office Use Only

Customer # _____

Card # _____

Approved by: _____