



FillMeUp Credit Application

OFFICE USE	
ACCT: _____	
DATE APPROVED: _____	
BY WHOM: _____	
CREDIT LIMIT: _____	

Please fill out all application completely. Business Account needs also Fill out Personal Information.

CREDIT APPLICATION – PERSONAL ACCOUNTS			
LAST NAME:		FIRST NAME:	
SSN:		PHONE:	
DATE OF BIRTH:		CREDIT LIMIT REQUEST/MONTH:	
HOME ADDRESS			
PRESENT EMPLOYER:		POSITION:	
GROSS EARNING/MONTH:		EMAIL:	
WORK ADDRESS:		WORK NUMBER:	

CREDIT APPLICATION – BUSINESS ACCOUNT	
COMPANY NAME:	
ADDRESS:	PHONE:
EIN:	EMAIL:
CREDIT LIMIT REQUEST/MONTH:	

CREDIT POLICY

This credit application for cash card from FillMeUp. This must pay for all our products upon receipt of invoice. Considering this, we will no longer carry accounts for any length of time. The case of borrowing money and doing business prohibits any extended credit. Out policies are as follows:

- 1> **CASH** discounts will continue to be in effect, and it may change anytime.
- 2> **30 DAYS CREDIT** will be extended only to those established customers who do not abused the credit limits in the past.



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3> **PAST DUE ACCOUNTS:** - If account is not paid in full by the end of month following purchases, It will be considered past due.

If account enters the past due status, no more credit will be extended until the pas due bill is paid in full

4> **CREDIT LIMIT** will be evaluated on an individual basis. Amounts must be established by the credit manager and /or general manager prior to purchase.

5> **INTEREST CHARGES** – Any account that is considered past due will be charged 1-1/2% (18% APR) on unpaid balance. A minimum of 50 cents will be charged.

6> **COLLECTIONS** – Any account hat remains unpaid after 90 days may be turned over to our collection agency

If your account is turned over to our collection agency, you will be charged for a by your signature below agree to pay any costs incurred by the cooperating in connection with the collection to your past account.

7> **SUSPENSION OF CREDIT PRIVILEGES** – Any account that is turned over to our collection agency will have their credit privileges withdrawn. Accounts that have their credit privileges withdrawn, must submit new credit application to the board of directors to have to reinsured.

8> To prevent collection action, let us know, if there is problem, we want to work with you. The telephone number for the main office 507-200-0235.

Credit Policy & General Conditions: I understand the FillMeUp Credit policy as presented and agree to the terms stated. I also agree that everything I have started in this application is correct to best of my knowledge. I also understand and agree that you may check my credit and employment history. Please visit more cash card terms and condition to <http://fillme-up.com/terms-conditions/>

I have read and understand the above credit policies and agree to them in their entirety	
SIGN:	DATE:
PRINT NAME:	
PLEASE GIVEN APPLICTION TO FillMeUp Store Manager OR MAIL APPLICATION AT FillMeUp CASH CARD PROCESSING 3500 VICKSBURG LN N STE : 400-353 PLYMOUTH MN 55447	