



1330 N. Anderson Greensburg, IN 47240
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CONFIDENTIAL CUSTOMER PROFILE

INDIVIDUALS: FILL OUT SECTIONS 1, 4, & 6. **BUSINESSES:** FILL OUT SECTIONS 2, 3, 4, & 6.

PLEASE COMPLETE FULLY TO AVOID DELAY.

1-INDIVIDUALS & DBA'S COMPLETE THIS SECTION. THIS DATA ALLOWS US TO BEGIN YOUR KOVA/CFS ACCOUNT.

APPLICANT 1

Last:				Social Security #:	
First:					
Name of Business if Applicable:					
Physical Address:				Mailing Address:	
<div style="display: flex; justify-content: space-around;"> Own Rent </div>					
City:	State:	Zip:	Credit Limit Requested: \$		
Phone:	Cell:	(based on Net 30 day terms)			
Employer:				Location:	
Yearly Household Income:	20-30k	30-40k	50-75k	75+k	# Acres Farmed:

APPLICANT 2

Last:				Social Security #:	
First:					
Name of Business if Applicable:					
Physical Address:				Mailing Address:	
<div style="display: flex; justify-content: space-around;"> Own Rent </div>					
City:	State:	Zip:	Credit Limit Requested: \$		
Phone:	Cell:	(based on Net 30 day terms)			
Employer:				Location:	
Yearly Household Income:	20-30k	30-40k	50-75k	75+k	# Acres Farmed:

2.-TO OPEN AN ACCOUNT AS A BUSINESS, CORPORATION, PARTNERSHIP, LLC, OR LLP? COMPLETE THIS SECTION.

PLEASE NOTE: FINANCIALS REQUIRED FOR CORPORATE/BUSINESS ACCOUNTS IF CREDIT LIMIT REQUESTED IS \$250,000 OR MORE*

Corporation/Business Name:				Tax ID #:	
Legal Form (circle one):	S-Corp.	C-Corp	LLC	Partnership	Phone #:
Parent Company?				Fax #:	
Principal Owners/Partner's Name:				Title:	SS#:
Principal Owners/Partner's Name:				Title:	SS#:
Corporation Address:				Mailing:	
City:	State:	Zip:	Credit Limit Requested: \$		
Phone:	Cell:	(based on Net 30 day terms)			
Name of Bank:				Address:	
Account #:					

Please submit a copy of your most recent financials in the name of the corporation/business.

****Additional information may be required after review of financial information (i.e. Personal Guaranty, Note, etc).**

3.-BUSINESS ENTITY, CORPORATION, LLC OR PARTNERSHIP, PLEASE COMPLETE THIS SECTION

Who Is Authorized To Use/Order For This Account?	Phone #:
Name of Accounts Payable Manager:	Email:

IMPORTANT-PLEASE COMPLETE THE FOLLOWING SECTION!

4.-PLEASE PROVIDE THREE FERTILIZER, CHEMICAL, SEED OR OTHER INPUT SUPPLIERS OR SUPPLY A CREDIT REFERENCE SHEET.

Company Name:	Company Name:	Company Name:
Contact:	Contact:	Contact:
Address:	Address:	Address:
Phone:	Phone:	Phone:

Name of Bank:
Address:
Account #:

5.-PLEASE READ LEGAL TERMS BELOW. TERMS APPLY TO ALL ACCOUNTS. PLEASE SIGN AS APPROPRIATE.

The undersigned Business Credit Applicant ("Applicant") hereby requests Kova Fertilizer, Inc., ABF, Inc. Kova Ag Products, Inc., Kova of Ohio, and Heartland Ag, Inc.; or any of them, (hereinafter, collectively, "Kova"), to give or continue to give the Applicant, such credit as Applicant may request and Kova may, from time to time, grant to Applicant, and in consideration of Kova honoring Applicant's requests, hereby agrees as follows:

1. Subject to the terms and conditions of this Business Credit Application, Kova may, in its sole discretion, extend credit on open account or make loans to Applicant (the "Obligations") for the purpose of purchasing products from Kova by the Applicant. Applicant promises to pay to Kova the aggregate amount of all Obligations made by Kova to Applicant (the "Account Balance") on or before the due date and under such terms as are set forth and contained in any invoice, open account statement or loan document. Applicant promises to pay interest on the unpaid Account Balance of the Obligations at such rates as are specified in any invoice, open account statement or loan document.

2. Applicant grants to Kova a security interest in all of Applicant's farm products, including all crops, as well as all equipment, inventory, accounts, contract rights, government payments and intangibles, whether now owned or hereafter acquired, and any and all proceeds of the above collateral, including insurance of any type (hereinafter collectively referred to as the "Collateral"), to secure the payment of any Account Balance due to Kova from Applicant pursuant to the Obligations, whether now due or hereafter owing to Kova by the Applicant. Applicant hereby agrees that Kova may file a financing statement or statements on its behalf in those public offices deemed necessary by Kova to protect its security interest.

3. The occurrence of any nonpayment of the Account Balance when due shall constitute an Event of Default. When an Event of Default shall occur and be existing, the Account Balance and any other liabilities of Applicant to Kova may at the option of Kova and without notice or demand be declared and thereupon immediately shall become due and payable, and Kova may exercise from time to time any rights and remedies of a secured party under the Uniform Commercial Code or any other applicable law. Applicant shall pay to Kova on demand any and all expenses and costs of collection, including reasonable attorney fees, incurred or paid by Kova in protecting or enforcing its rights hereunder.

MAKER IRREVOCABLY AGREES THAT, AT THE OPTION OF KOVA, ALL ACTIONS, PROCEEDINGS OR COUNTERCLAIMS ARISING OUT OF OR RELATING TO THIS AGREEMENT OR ANY OTHER TRANSACTION DOCUMENT WILL BE LITIGATED IN THE CIRCUIT OR SUPERIOR COURT FOR DECATUR COUNTY, INDIANA, OR THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF INDIANA. BORROWER IRREVOCABLY CONSENTS TO SERVICE, JURISDICTION, AND VENUE OF THOSE COURTS FOR ALL SUCH ACTIONS, PROCEEDINGS AND COUNTERCLAIMS AND WAIVES ANY OTHER VENUE TO WHICH IT MIGHT BE ENTITLED BY VIRTUE OF DOMICILE, HABITUAL RESIDENCE OR OTHERWISE. MAKER FURTHER AGREES THAT SERVICE OF PROCESS IN ANY SUCH ACTION OR PROCEEDING MAY BE EFFECTED BY MAILING A COPY THEREOF BY REGISTERED OR CERTIFIED MAIL (OR ANY SUBSTANTIALLY SIMILAR FORM OF MAIL), POSTAGE PREPAID, TO MAKER AT THE LAST ADDRESS FURNISHED IN WRITING TO KOVA.

MAKER HEREBY WAIVES ANY RIGHT TO TRIAL BY JURY IN THE EVENT OF ANY DISPUTE BETWEEN MAKER AND KOVA WITH RESPECT TO THIS APPLICATION AND/OR ANY OF THE TRANSACTIONS CONTEMPLATED HEREBY. THIS PROVISION MAY NOT BE WAIVED, CONDITIONED OR MODIFIED EXCEPT IN WRITING SIGNED BY KOVA AND MAKER.

4. The undersigned hereby authorizes Kova to investigate Applicant's credit and authorizes any bank, mortgage lender or landlord, credit reference or any other party to release information to Kova, and hold harmless for said disclosure.

5. By signing this application for credit, the applicants agree to all the terms and conditions set forth above. No modifications to this application shall occur without prior written consent from Executive Management of Kova.

6.-LAST STEP! SIGN HERE

FOR INDIVIDUALS OR DBA APPLICANTS:	FOR BUSINESS ENTITY (i.e. Corporation, Limited Liability Corp., Partnership, etc)
Applicant Signature:	Authorized Signature:
Printed Name:	Printed Name:
Date:	Title
Co-Applicant Signature:	Date:
Printed Name:	
Date:	

Thank you! Return this printed form to your branch or the address/fax number provided on the front page.