

**Central Ohio Farmers Co-op, Inc.**  
**730 Bellefontaine Avenue**  
**Marion, Ohio 43302**  
**Phone: 740-383-2158 – Fax: 740-382-4581**

**BUSINESS CREDIT APPLICATION**

Branch \_\_\_\_\_

*This information will be treated in a confidential manner*

Company Legal Name \_\_\_\_\_

Trade Name (if different) \_\_\_\_\_

Billing Address \_\_\_\_\_

Shipping Address (if different) \_\_\_\_\_

Federal ID Number \_\_\_\_\_ Phone \_\_\_\_\_

Dun & Bradstreet Number \_\_\_\_\_ Monthly Credit Requested \$ \_\_\_\_\_

Year Established \_\_\_\_\_ Present Location Since \_\_\_\_\_

Parent Company (if subsidiary) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Owner's Name (if closely held) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**TRADE REFERENCES**

Firm \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

**BANK REFERENCES**

Name \_\_\_\_\_ Banker's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

We agree to the conditions of an open account: this is a 30 day account, all charges are due by the 25<sup>th</sup> of the month following billing, a finance charge of 2% will be accessed if statement balance is not paid in full before next billing cycle. The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

I personally guarantee payment of all company charges as consideration for Central Ohio Farmers Co-op, Inc. to extend credit to the above named applicant.

Signed \_\_\_\_\_ Signed \_\_\_\_\_

Must be signed if closely held

