

Central Ohio Farmers Co-op, Inc.
730 Bellefontaine Avenue, Marion, Ohio 43302
Phone: 740.383.2158 – Fax: 740.382.4581

FARM CREDIT APPLICATION

BRANCH _____

This information will be treated in a confidential manner-please print and completely fill in all blanks

Account Name _____

Address _____

City/State/Zip _____

Phone _____ Cell _____ Email _____

Social Security Number (must provide) _____ Birth Date _____

**If a Partnership, Corporation, LLP, LLC or Trust Give Name & Address of Owner (s)*

Name & Title _____

Address _____

City/ State/Zip _____

Social Security Number (must provide) _____

Employer _____ Position _____ Income _____

Address _____ City/ State/ Zip _____

Spouse's Employer _____ Position _____ Income _____

Address _____ City/ State/ Zip _____

REFERENCES

AMOUNT OF CREDIT REQUESTED \$

Previous Supplier _____ Supplier Address _____

Bank or Lenders Name _____ Phone _____

Products and/or Services to be purchased Seed Fertilizer Chemicals Feed

Propane Power Fuel Other

FARM INFORMATION:

Livestock Type & Numbers _____ Acres Owned _____ Acres Rented _____

(Dairy, Beef, Hogs, Sheep, Poultry etc.)

We are making this application and statement for the purpose of securing credit on account, and we represent that the information given herein is true and accurate. We authorize the references named herein, both financial institutions and suppliers, to release any financial information known to them, for the purpose of evaluating this application for credit. We agree to pay according to the terms of each account and request the billings be made in the account name specified. If a Service Fee is added, it is computed on the previous balance, less payments and credits appearing on the face of the statement, at a periodic rate of up to 2% per month. The minimum monthly finance charge will be one dollar. By the signature(s) below, I/we agree to be bound by Central Ohio Farmers Co-op, Inc. credit terms and acknowledge receipt of a copy of the credit terms. 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 _____

If you are a Corporation, Partnership, LLP, LLC, LTD or Trust you must sign below

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

Signed _____ Signed _____

