



BUSINESS CREDIT APPLICATION
FARMERS COOPERATIVE



Acct No:
Location:

GENERAL OFFICE
PO BOX 1640
VAN BUREN, ARKANSAS 72957
PHONE (479) 474-6622 & FAX (479) 474-4787

www.todaycoop.com

Business Name, TIN#, Tax Exempt?, Mailing Address, City, State, Zip, County, Street Address, Phone Number, E-Mail Address, How Many Employees?, Name and Address of Headquarters or Parent Company, Headquarters' Phone Number, Name of Primary Contact, Primary Contact E-Mail Address, Primary Contact Phone Number, Nature of Business, Years In Business, Name & Mailing Address of Owners/Officers/Stockholders, City, State, Zip, Title, Purchase Orders or Requisition be Issued Prior to Purchase? Yes No, Person Authorized to Make Purchases, Bank Account No., Name and Address, Bank Officer, Phone, Checking Account No., Creditor's Names, Addresses and Account Numbers (List All Current Obligations), (1) Name, Address, City, State, Zip, Account Number, (2) Name, Address, City, State, Zip, Account Number, (3) Name, Address, City, State, Zip, Account Number, Please Provide Most Recent Annual Balance Sheet and Profit/Loss Statement at Time of Application to Avoid Delay. (Audited Statements Preferred), Owner's Name if Personal Guaranty Required?

I (WE) HEREBY AUTHORIZE FARMERS COOPERATIVE OR ANY CREDIT BUREAU OR OTHER INVESTIGATING AGENCY EMPLOYED BY THEM TO INVESTIGATE AND OBTAIN INFORMATION FROM OR RELEASE INFORMATION TO ANY REFERENCES HEREIN LISTED OR STATEMENT OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY.

FARMERS COOPERATIVE CREDIT POLICY

Our books close the 25th of each month. Balance due is payable by the 10th of the following month. Any account that is past due 30 days will be charged a finance charge at up to the Arkansas Legal Rate. I understand the credit policy of FARMERS COOPERATIVE and agree to the terms.

LINE OF CREDIT DESIRED \$ _____

I CERTIFY THAT I AM AUTHORIZED TO MAKE THIS REQUEST ON BEHALF OF THIS COMPANY:

Signature _____ Date _____

Name (Please Print) _____ Title _____