



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
Street Address		City	State	Zip
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
Name & Mailing Address of Owners/Officers/Stockholders		City	State	Zip
Name & Mailing Address of Owners/Officers/Stockholders		City	State	Zip
Purchase Orders or Requisition be Issued Prior to Purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Person Authorized to Make Purchases		Person Authorized to Make Purchases		
Person Authorized to Make Purchases		Person Authorized to Make Purchases		
Person Authorized to Make Purchases		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