



Acct No:
Location:

PERSONAL CREDIT APPLICATION FARMERS COOPERATIVE

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



www.todayscoop.com

APPLICANT INFORMATION

Last Name	First Name	M. I.	Date of Birth	Social Security Number	Phone Number
Mailing Address		City	State	Zip	County
Street Address (if different than mailing address)				How Long at This Address?	
E-Mail Address			Acres Owned?	Military	In Reserve?
Name and Address of Current Employer			Employer's Phone Number		
Applicant's Occupation	Time on Job	Applicant's Monthly Income		No of Dependents	
Previous Employer's Name	Time on Previous Job?	Previous Employer's Address (Street, City and State)			
Alimony, Child Support or Separate Maintenance Income Need Not be Revealed if You Do Not Wish to Have It Considered As a Basis For Repaying This Obligation. Source of Other Income:				Other Monthly Income \$	
Is Applicant Obligated to Make Alimony, Child Support or Maintenance Payments? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Amount to be Paid Per Month is \$					

CO-APPLICANT INFORMATION

Last Name	First Name	M. I.	Date of Birth	Social Security Number	Phone Number
Mailing Address		City	State	Zip	County
Street Address (if different than mailing address)				How Long at This Address?	
E-Mail Address			Acres Owned?	Military	In Reserve?
Name and Address of Current Employer			Employer's Phone Number		
Applicant's Occupation	Time on Job	Applicant's Monthly Income		No of Dependents	
Previous Employer's Name	Time on Previous Job?	Previous Employer's Address (Street, City and State)			
Alimony, Child Support or Separate Maintenance Income Need Not be Revealed if You Do Not Wish to Have It Considered As a Basis For Repaying This Obligation. Source of Other Income:				Other Monthly Income \$	
Is Applicant Obligated to Make Alimony, Child Support or Maintenance Payments? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Amount to be Paid Per Month is \$					

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 \$ _____ Applicant's Signature _____ Date _____

Which Best Describes Your Farm Operation? Driver's License # and State _____

Cattle Dairy Crops Co-Applicant's Signature _____ Date _____

Horse Other _____ Driver's License # and State _____

EQUAL CREDIT OPPORTUNITY ACT NOTICE

This notice has been supplied by FARMERS COOPERATIVE.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission, Washington D.C. 20219