

## PERSONAL CREDIT APPLICATION

## FARMERS COOPERATIVE



**GENERAL OFFICE** PO BOX 1640 Location:

VAN BUREN, ARKANSAS 72957 PHONE (479) 474-6622 & FAX (479) 474-4787

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APPLICANT INFORMATION									
Last Name	First Name	M. I.	Date of Birth	Social S	ecurity 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 Phon			e Number			
Applicant's Occupation	Time on Job	Applicant's Monthly Income No of Dep			pendents				
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 Bas Repaying This Obligation. Source of Other Income:						is For	Other Monthly Income \$		
Is Applicant Obligated to Make Alimony, Child Support or Maintenance Payments?  □ No □ Yes If Yes, Amount to be Paid Per Month is \$									
CO-APPLICANT INFORMATION									
Last Name	First Name	M. I.	Date of Birth	Social	ocial Security Number		Phone Number		
Mailing Address		City		State		Zip	County		
Street Address (if different than mailing address)  How Long at This						g at This Address?			
E-Mail Address					Acres Owned?	Military	In Reserve?		
Name and Address of Current Employer			Employer's Phon			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?									
□ No □ 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 25 <sup>th</sup> of each month. Balance due is payable by the 10 <sup>th</sup> 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 _	Signature			Date			
Which Best Describes Your Fa		ense # and State							
□ Cattle □ Dairy □ Crops									
□ Horse □ Other Driver's License # and State				<u> </u>					

## **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