

# Credit Application



## Farmers Co-Op Elevator Co.

3302 Prospect Ave. , P.O. Box 219

Hudsonville, MI 49426

Phone: 616-669-9596

Toll Free: 1-800-439-9859

Fax: 616-669-0490

### Division Applying For Credit

- |  |   |
|--|---|
| <input type="checkbox"/> Box & Basket      | <input type="checkbox"/> Michigan Turf & Ornamental |
| <input type="checkbox"/> Hudsonville Store | <input type="checkbox"/> Vriesland Agronomy         |
| <input type="checkbox"/> Fuel              | <input type="checkbox"/> Vriesland Mill             |

Line of Credit Requested \_\_\_\_\_

### GENERAL INFORMATION

Company (Name) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Date Business Started \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

Shipping Address (if different) \_\_\_\_\_ Fax No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

AP Contact Name \_\_\_\_\_ Email: \_\_\_\_\_

Invoices and Statements to be emailed:  Yes  No

Email address for invoices/statements: \_\_\_\_\_

#### Check One:

Corporation (List Officers) \_\_\_\_\_

Partnership (List Partners) \_\_\_\_\_

LLC (List Members) \_\_\_\_\_

Individual/Proprietor (Print Social Security Number) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Type of Business \_\_\_\_\_ State Incorporated \_\_\_\_\_

Fed ID# \_\_\_\_\_ Sales Tax Exempt (circle) Yes or No

(If yes, please attach sales tax exemption form)

### BANK REFERENCE

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Account Number \_\_\_\_\_ Financial Statement Attached:  Yes  No

### TRADE REFERENCES

It is important that you list four references who offer an open line of credit.

Your company's credit reference sheet is acceptable if accompanied by our signed credit application.

1. Name \_\_\_\_\_ City/State \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Account No. \_\_\_\_\_

2. Name \_\_\_\_\_ City/State \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Account No. \_\_\_\_\_

3. Name \_\_\_\_\_ City/State \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Account No. \_\_\_\_\_

4. Name \_\_\_\_\_ City/State \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Account No. \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**

By signing this credit application/agreement, the individual executing this Application below on behalf of Buyer, individually and personally, represents and warrants to Farmers Co-Op Elevator that; 1) he/she is authorized to execute this Application on behalf of Buyer; 2) the information set forth in this Application is accurate and complete; 3) Buyer agrees that the prevailing party in any proceeding to enforce this Guarantee or to resolve a dispute with Farmers Co-Op Elevator will be entitled to recover its costs, including attorneys' fees, collection agency fee, from the other party; and 4) any legal action brought by Buyer will be in the jurisdiction of Ottawa County, and Buyer hereby submits to the jurisdiction of said courts. The laws of the State of Michigan will apply. Buyer agrees to pay interest on any unpaid purchases after 30 days of the invoice date, at the rate of 2% per month, 24% per annum, or the maximum judicial rate, whichever is less. Buyer also agrees to pay \$25.00 for each check issued by Buyer to Farmers Co-Op Elevator which is returned to Farmers Co-Op Elevator unpaid or marked NSF.

In signing this Application, Buyer agrees to all of the above and hereby grants permission for credit information to be verified by company(ies) and financial institution(s) that the Buyer has specified on this document and other that Farmers Co-Op Elevator becomes aware of during the credit review process and from time to time. The undersigned also understands that Farmers Co-Op Elevator will retain this Application, whether or not it is approved, and that Farmers Co-Op Elevator will consider this Application as a continuing statement of the undersigned's financial position and situation until notified otherwise by the Buyer.

In order for Farmers Co-Op Elevator to sell and to continue to sell to Buyer, Buyer hereby represents and warrants that it is solvent and that it pays its obligations as they become due. The preceding representation and warranty will be deemed to be repeated in each purchase by Buyer.

Faxed documents will be deemed as original. No oral agreements will be accepted. The terms on this credit application/agreement overrides all others.

**Company Name** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Email:** \_\_\_\_\_

**PERSONAL GUARANTEE** The individual by signing this credit application/agreement is executing this Application on behalf of Buyer and personally guarantees, and agrees to be personally liable for failure of the performance by Buyer of, any and all sums due to Farmers Co-Op Elevator. The personal guarantee also applies in the event that the Buyer declares Bankruptcy or applies for Bankruptcy protection.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved

Disapproved

Amount \$ \_\_\_\_\_

Approved By \_\_\_\_\_

Date \_\_\_\_\_