

COOP SERVICE CENTER, INC
P.O. BOX 488
JACKSON, MO 63755
573-243-3563, Fax 573-243-1555
CREDIT APPLICATION

Complete application required to be filled out to be considered for approval !

Date _____
Applicant's Legal Name _____ Tax ID _____ Date Inc. _____
Spouses' Legal Name _____ Social Security # _____ Date of Birth _____
Mailing Address _____
Physical address if different from mailing _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Place of employment _____ Years _____
Employer Phone # _____

Spouses' place of employment: _____ Years _____
Employers Phone # _____

Do you own your own farm _____ Total Acres _____
Of years farming _____
Do you own your own home _____ Years Residing _____

Business Credit References:

1) _____ Phone _____
2) _____ Phone _____
3) _____ Phone _____

Bank References:

1) _____ Years _____ Phone _____
2) _____ Years _____ Phone _____

Credit to be used for _____

COOP Service Center will contact these references along with others such as Credit Bureaus to determine credit worthiness.

Statement Balances are due by the 10th of the month following purchase. Past due invoices will be charged a 1.5% finance charge for each month they are past due. Credit will be withheld when accounts become past due. If costs are incurred in collection of this account they will become the responsibility of the debtor and will be added to the debt outstanding.

Credit Limit Requested \$ _____

By signing this credit application you understand the Credit Terms of COOP Service Center, Inc. and personally guarantee any debt incurred by you to COOP Service Center, Inc.

Signature _____ Spouse's Signature _____

Officers Signature _____ Title _____
Officers Signature _____ Title _____

(For Office Use) Date approved. _____ Signature of Coop's General Manager _____