

## **Agricultural Credit Application**

514 W Main St Loudonville, OH 44842 419-994-4186

Date			C. "16"72
Account Name			Corp /LLC /LTD
Federal ID#			Partnership
First/Last Name			Trust
(if different from accord			Sole proprietorship
SSN Billing Address	Birthdate		
billing Address .	Street City	Sta	ate/Zip
Phone			
Email			
Employer			none
Position		Off Farm Inco	me \$
Bank References			
Bank Name		Contact Nam	ne
Bank Address		. Phor	ne
Current Supplier R	<u>References</u>		
Business Name		Contact Nam	ne
Address		Phor	ne
Business Name		Contact Nam	ne
Address		Phor	ne
Acres Owned	Crops Dairy Beef Farm Income (Net)	Swine	Other livestock  (If other, please specify)
Acres Rented	Monthly credit requested		(ii other, piease specify)
•	thorized to charge purchases to this account:		
1.	3 - k	2.	
If Corporation 11 C 13	TD, or Partnership, you must sign this section and the no	ext	
I agree to pay according t granted in any legal actio	to the terms of each account and request billings to be made in ton or other proceeding which may hereafter be initiated to enfort ditions, shall be entitled to recover all reasonable attorneys' fees	he above name. Loudonv ce any credit provisions, o	r to obtain relief for any alleged breach of
Signed	Title		Date
If a Sole Proprietorship	p, sign here only.		
applicant. Loudonville Facredit provisions, or to ob	ayment of all company charges, as consideration for Loudonville armers Equity Company shall be granted in any legal action or ot btain relief for any alleged breach of any credit terms and conditidition to all other relief which may be entitled. I also acknowleguity Company.	her proceeding which maions, shall be entitled to re	y hereafter be initiated to enforce any ecover all reasonable attorneys' fees and
Signed			Date
	ns of an open account: this is a 30-day account, all charges are do month will be assessed if statement balance is not paid in full be		y of the month following billing, and a

## Agricultural Credit Application (Continued) Additional Applicants Page

If applicant is a Corporation, Partnership, LLP, LLC, LTD or Trust, all additional owners must sign below.

Co-Applicant(s):

Name		Title	
Address			
•	Street	City	State/Zip
SSN		Birthdate	
Name		Title	
Address			
	Street	City	State/Zip
SSN		Birthdate	
Name			
Address	Stroot		
	Street	City	State/Zip
SSN		Birthdate	
	(guarantor)		
Signature			
Printed Name			Date
	(quarantor)		
Signature			
Printed Name			Date
	(guarantor)		
Signature			
	<u>For o</u>	ffice use only:	
Approved by			Date
, ,			
Title .			Amount \$



tax.ohio.gov

## Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

LOUDONVILLE FARMERS EQUITY COMP	PANY	
	(Vendor's name)	
and certifies that the claim is based upo or both, as shown hereon:	n the purchaser's proposed use of the ite	ems or services, the activity of the purchase,
Purchaser must	state a valid reason for claiming exce	eption or exemption.
	Purchaser's name	
	Purchaser's type of business	
	Street address	
	City, state, ZIP code	
	Signature	Title
	Date signed	
	Vendor's license number, if an	V

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code. This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.