



Customer Profile Form

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

COD Only

Account Name _____

☐

Credit Card on File

First/Last Name _____

☐

Tax Exempt

(if different from account name)

Address _____
Street City State/Zip

Phone _____

Email _____

SSN _____

Required for online access to customer portal.

Reason for profile (check all that apply)

☐

Agronomy

☐

Energy

☐

Feed

☐

Grain

☐

Hardware/Retail

I understand the completion of this form does not qualify me for credit with Loudonville Farmers Equity. The sole purpose of this form is to keep record of items purchased at Loudonville Farmers Equity.



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 COMPANY

(Vendor's name)

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

Purchaser must state a valid reason for claiming exception 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 any

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.

Loudonville Farmers Equity Credit Card Single Use Authorization

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Customer/Business Name (print):			
Loudonville Farmers Equity Company Account Number:			
Name Shown on Card (print):			
Full Debit/Credit Card Number:			
Exp. Date (mm/yy):		CVV Security Code	
Card Billing Address:			
Daytime Telephone No:		E-Mail Address:	

Loudonville Farmers Equity will securely dispose of this authorization after use. Single Use Authorization Forms are not kept on file.

Loudonville Farmers Equity



Credit Card on File Agreement

We have implemented a policy which enables you to maintain your credit card information securely on file. In providing us with your credit card information, you are giving Loudonville Farmers Equity Company permission to automatically charge your credit card on file for your products and services at the time of sale. By signing this, you authorize this agreement will remain in effect until the expiration of the credit card account and that you may revoke this form at any time by submitting a written request. A copy of the charge will be sent by email to the address on file.

If the provided debit/credit card has changed, expired or denied for any reason, I agree to immediately give Loudonville Farmers Equity Company a new, valid debit/credit card which I will allow to be charged over the phone. I agree that the new card will be used with the same authorization as the original card I presented.

I, the undersigned, am an authorized user of the credit card presented today. I hereby authorize Loudonville Farmers Equity Company to charge my credit card for balances due for products and services provided by Loudonville Farmers Equity Company. I agree to pay all amounts charged pursuant to this authorization in accordance with the issuing bank cardholder agreement.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Customer/Business Name (print):			
Loudonville Farmers Equity Company Account Number:			
Name Shown on Card (print):			
Last Four Digits of Debit/Credit Card Number:		Exp. Date (mm/yy):	
Card Billing Address:			
Daytime Telephone No:		E-Mail Address:	

Debit/Credit Card Holder's Signature: _____ Date: _____

Office Use Only	
Authorization Received by: _____ (Initials)	Date: _____