



# Agricultural Credit Application

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

Date \_\_\_\_\_

Account Name \_\_\_\_\_  Corp /LLC /LTD

Federal ID# \_\_\_\_\_  Partnership

First/Last Name \_\_\_\_\_  Trust

(if different from account name)  Sole proprietorship

SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Billing Address \_\_\_\_\_  
Street City State/Zip

Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Off Farm Income \$ \_\_\_\_\_

### Bank References

Bank Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Bank Address \_\_\_\_\_ Phone \_\_\_\_\_

### Current Supplier References

Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### Farm Information

Crops  Dairy  Beef  Swine  Other livestock

Acres Owned \_\_\_\_\_ Farm Income (Net) \$ \_\_\_\_\_ (If other, please specify)

Acres Rented \_\_\_\_\_ Monthly credit requested \$ \_\_\_\_\_

Other persons authorized to charge purchases to this account:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**If Corporation, LLC, LTD, or Partnership, you must sign this section and the next.**

I agree to pay according to the terms of each account and request billings to be made in the above name. Loudonville Farmers Equity Company shall be granted in any legal action or other proceeding which may hereafter be initiated to enforce any credit provisions, or to obtain relief for any alleged breach of any credit terms and conditions, shall be entitled to recover all reasonable attorneys' fees and costs and expenses, in addition to all other relief which they may be entitled.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**If a Sole Proprietorship, sign here only.**

I personally guarantee payment of all company charges, as consideration for Loudonville Farmers Equity Company to extend credit to the above-named applicant. Loudonville Farmers Equity Company shall be granted in any legal action or other proceeding which may hereafter be initiated to enforce any credit provisions, or to obtain relief for any alleged breach of any credit terms and conditions, shall be entitled to recover all reasonable attorneys' fees and costs and expenses, in addition to all other relief which may be entitled. I also acknowledge that a credit report may be obtained at the discretion of Loudonville Farmers Equity Company.

Signed \_\_\_\_\_ Date \_\_\_\_\_

We agree to the conditions of an open account: this is a 30-day account, all charges are due by the last business day of the month following billing, and a finance charge of 2% per month will be assessed if statement balance is not paid in full before next billing cycle.

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## 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 _____	Title _____	
Address _____		
Street	City	State/Zip
SSN _____	Birthdate _____	

I personally guarantee payment of all company charges, as consideration for Loudonville Farmers Equity Company to extend credit to the above-named applicant. By the signature(s) below, I/we agree to be bound by the Dealer's credit terms and acknowledge receipt of a copy of the credit terms.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
(guarantor)

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
(guarantor)

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
(guarantor)

Signature \_\_\_\_\_

For office use only:

Approved by _____	Date _____
Title _____	Amount \$ _____



## 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 Company  
Recurring ACH Debit Authorization Form

By this authorization and as an authorized signor on the depository account presented, you give Loudonville Farmers Equity Company permission to charge/debit your account for charges on your Loudonville Farmers Equity Company in-house account.

I, \_\_\_\_\_, authorize Loudonville Farmers Equity Company to charge my bank account for goods/services/account/invoice(s) on the following schedule:

\_\_\_\_\_ Each Invoice

\_\_\_\_\_ Balance of my account on the 5<sup>th</sup> and 20<sup>th</sup> calendar days of each month

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Loudonville Farmers Equity Account Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Depository Bank \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 10 business days prior to the next billing date. If the next payment date should fall on a weekend or holiday, I understand that the payments may be executed on the following business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account on the days of the above noted periodic transaction dates. In the case of an ACH transaction being rejected for any reason including Non-Sufficient Funds (NSF), I understand that Loudonville Farmers Equity Company will charge a fee of \$35.00 and may, at its discretion, attempt to process the charge again within 15 days. An additional \$35.00 charge will be applied to your account for each attempt returned NSF. I certify that I am an authorized user of this bank account and will not dispute these transactions so long as the transactions correspond to the terms indicated in this authorization form.

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