



# CENTRAL OHIO FARMERS CO-OP, INC.

751 East Farming St.  
Marion, Ohio 43302  
Phone: (740) 383-2158  
Fax: (740) 382-4581

## CONSUMER PRODUCTS CREDIT APPLICATION

BRANCH \_\_\_\_\_

*\*This information will be treated in a confidential manner-please print and completely fill in all blanks\**

Name \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number (must provide) \_\_\_\_\_ Birth Date \_\_\_\_\_  
We must have a social security number in order to process the application.

Business or Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City/ State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Income \_\_\_\_\_

## CO-APPLICANT INFORMATION

Co-Applicant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City/ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City/ State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Income \_\_\_\_\_

Previous Supplier \_\_\_\_\_

The applicant has delivered this statement to creditor to induce creditor to extend credit to the applicant. Everything that I have stated in this application is correct to the best of my knowledge. The applicant understands that the creditor will rely the truth, accuracy, and completeness of this statement. The applicant certifies that the information inserted herein has been carefully read and is true, correct and complete. You are authorized to investigate my credit record and report to proper persons and bureaus my performance of this agreement and to answer question about your credit experience with me. I/ We agree to pay the balance due and, in addition, all applicable FINANCE CHARGES which I/we hereby to pay in accordance to all terms and conditions in which I/we are notified from time including, but not limited to; periodic statements sent to me setting forth the outstanding obligations I/we have to you. A Finance Charge may be imposed if the unpaid balance shown on the current statement as the New Balance is not paid before due date. If a Finance Charge is added it is computed on the Average Daily Balance appearing on the face of this statement, at a periodic rate of 2% per month, which is an Annual Percentage Rate of 24% or the highest prevailing rate provided by law.

SEE ACCOMPANYING STATEMENT(S) FOR IMPORTANT INFORMATION. THE TERMS OF SAID STATEMENT(S) ARE INCORPORATED BY REFERENCE HEREIN AND MADE A PART HEREOF:

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_