



**Farmers Cooperative**  
**112 E. Main Carmen, Oklahoma 73726**  
**580-987-2234**

Aline, Carmen, Cherokee  
Ames, Drummond

### APPLICATION FOR CREDIT

Name \_\_\_\_\_ Social Security # or Tax ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Daytime Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Physical Address \_\_\_\_\_ Evening Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Farm Tax Number \_\_\_\_\_  
City State Zip County

How long have you been at this address \_\_\_\_\_ years. Do you OWN or RENT (circle one)

Do you farm? \_\_\_\_\_ If yes, How many years? \_\_\_\_\_ How many acres? \_\_\_\_\_

Are you employed other than farming? \_\_\_\_\_ If yes, what is your monthly income? \_\_\_\_\_

Name and Address of employer \_\_\_\_\_

What bank do you use? \_\_\_\_\_ Address \_\_\_\_\_

Bank Phone # \_\_\_\_\_ City State Zip

State the amount of your debts and liabilities other than mortgage on land \$ \_\_\_\_\_

#### BUSINESS CREDIT REFERENCES (List only companies that you currently or recently have credit with):

Name \_\_\_\_\_ Address \_\_\_\_\_ City, State Zip \_\_\_\_\_ Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City, State Zip \_\_\_\_\_ Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City, State Zip \_\_\_\_\_ Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### PERSONAL REFERENCES:

Name \_\_\_\_\_ Address \_\_\_\_\_ City, State Zip \_\_\_\_\_ Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City, State Zip \_\_\_\_\_ Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City, State Zip \_\_\_\_\_ Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The above information is for the purpose of obtaining credit and is warranted to be true.

This credit application may be denied if there is missing or incorrect information.

I agree to pay all bills upon receipt of statement or as otherwise expressly agreed.

I authorize Farmers Cooperative to contact the credit references listed above and others to obtain credit information.

Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

(All names on line one should sign.) Signature \_\_\_\_\_ Printed Name \_\_\_\_\_



## OPEN ACCOUNT AGREEMENT

1. DEFINITIONS. In this Agreement, the words "I", "me", and "my" mean the Purchaser; the words "authorized user" mean other person I allow to make purchases on my account; and the words "you" and "your" mean the Farmers Cooperative.
2. PURCHASES. I or an authorized user, if any, may buy goods from you. The amount of each purchase will be charged to my account.
3. SALES TICKETS. Farmers Co-op does not keep sales tickets for patrons.  
\_\_\_\_\_ I require that sales tickets for purchases on my account be signed by me or an authorized user.  
\_\_\_\_\_ I do not require that sales tickets for purchases on my account be signed by me or an authorized user.
4. AUTHORIZED USERS. I hereby authorize the following persons as users on my account.  
\_\_\_\_\_ All employees  
\_\_\_\_\_ Other Individuals \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ I don't no authorize anyone other than me as a user of my account.
5. PAYMENTS & STATEMENTS. I will pay you for all purchases and any finance charge accrued each month. You will send me a statement for each monthly billing cycle when there is any amount owing on my account. The new balance is the total amount owing on my account at the end of the monthly billing cycle covered by the statement; It equals the unpaid balance at the end of the previous monthly billing cycle, if any, less all payments and other credits which you apply to my account during the cycle covered by the statement plus all new purchases, other debits, and any finance charge, which you apply to my account during the cycle covered by statement. Any questions about monthly statements shall be addressed within thirty (30) days receipt of the statement to: **Farmers Cooperative, 112 E. Main, Carmen, OK 73726.**
6. FINANCE CHARGE. I will pay a Finance Charge monthly on my account of 1¼% of the unpaid balance of the account on the 25<sup>th</sup> day of the billing cycle, the corresponding annual percentage rate being 21%. All returned checks are subject to a service charge.
7. NOTICES. You may send statements and any other notices to me at the address shown in your files for the patron. Notice is given upon mailing.

I hereby agree to the terms and conditions of the Open Account Agreement as stated above.

\_\_\_\_\_  
Account Holder

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Holder

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Date

## GUARANTY AGREEMENT

The undersigned, in consideration of the extension of credit by FARMERS CO-OPERATIVE, Carmen, Oklahoma, an Oklahoma Cooperative Marketing Association (hereinafter "Co-op") to \_\_\_\_\_ (hereinafter "Account Holder"), does hereby unconditionally guarantee unto Co-op, its successors and assigns, repayment of all accounts and/or debts of Account Holder due and owing to Co-op. This guarantee by the undersigned shall be enforceable against it irrespective of (i) the enforceability against Account Holder of any guaranteed accounts and/or debts, (ii) the existence, extent, or value of any collateral securing any guaranteed accounts and/or debts, or (iii) any other circumstance. The undersigned further waives presentment, demand for payment, protest, notice of non-payment, dishonor, and all other notices and demands of whatsoever nature.

Executed the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature \_\_\_\_\_ ("Guarantor")

Guarantor \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

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

Social Security Number \_\_\_\_\_



# CREDIT POLICY

Accounts are due by the 10<sup>th</sup> of the month following the month of purchase. If not paid by the 25<sup>th</sup> of the month following the month of purchase, a FINANCE CHARGE will be computed at a periodic rate of 1¾% per month which is an annual percentage rate of 21% applied to the previous balance after deducting current payments and/or credits. No additional credit purchases will be allowed if the account is not paid by the 25<sup>th</sup> of the month following the month of purchase. The previous balance will be the balance on the account at cut off (the 25<sup>th</sup>). The closing date of the billing cycle will be the 25<sup>th</sup> of each month.

Approved by

**the Farmers Cooperative Board of Directors**