

The following information is given for the purpose of obtaining credit from: SUNRISE COOPERATIVE: 2025 W STATE ST., P.O. BOX 870, FREMONT, OH 43420 419-332-6468 • Toll Free: 1-800-321-5468 • Fax: 419-355-8743

creditall@sunriseco-op.com

## **FARM CREDIT APPLICATION**

| Account Name  |   |  |  |   |   |  |  |  |
|---|---|--|--|---|---|--|--|--|
| Address   | ressCity, State, Zip  |  |  |   |   |  |  |  |
| Home Phone  | Cell  | Cell Phone   |  |   | Individual  | □ LLP  |  |  |
|   |   | Birthdate  |  |   | Partnership   | □ LLC  |  |  |
| SSN   | Federal   | Federal ID   |  | _   | Corporation   | □ LTD<br>□ Trust   |  |  |
| Email Address   |   |  |  |   |   |  |  |  |
| If a partnership, corpor  |   |  |  | s of owner  | 's:   |  |  |  |
| Name  | Title   |  | Addres   |   |   | SSN & Birthdate  |  |  |
|   |   |  |  |   |   |  |  |  |
|   |   |  |  |   |   |  |  |  |
|   |   | DED  | ΛТ   | 11/   |   |  |  |  |
| Employer  |   | Position   |  |   | Income  |  |  |  |
| Livestock Type & Numb   |   |  |  |   |   |  |  |  |
| We are making this application accurate. We authorize the refe for the purpose of evaluating the account name specified. If a Se at a periodic rate of up to 2% p Cooperative, Inc. shall be grant for any alleged breach of any call other relief which they may be Huron County, OH. By the signal county of the region of the relief which they may be the signal of the relief which they may be the signal of the relief which they may be the signal of the relief which they may be the signal of the relief which they may be the signal of the relief which they may be the signal of the relief which they may be the signal of the relief which they have the relief which they have the reference of the reference | erences named herein, both<br>his application for credit. We<br>rvice Fee is added, it is com<br>er month which is an annua<br>ed in any legal action or oth<br>redit terms and conditions,<br>be entitled. The Buyer agree | financial institutions and sign agree to pay according to apputed on the previous ball percentage rate of up to her proceeding which may shall be entitled to recover es that any legal action bro | uppliers, to relea<br>to the terms of ea<br>ance, less payme<br>24%. The minimu<br>hereafter be initi<br>all reasonable a<br>ught to enforce | se any financi<br>ach account a<br>ents and credi<br>um monthly fi<br>ated to enfore<br>ttorneys' fees<br>terms and pro | al and credit inform<br>nd request the billir<br>ts appearing on the<br>nance charge will b<br>ce any credit provis<br>and costs and expo<br>posisions shall be ver | nation known to them<br>ngs be made in the<br>e face of the statemer<br>e one dollar. Sunrise<br>ions, or to obtain reli<br>enses, in addition to<br>nued in Sandusky or |  |  |
| We may require additional fi  | nancial information or cre  | edit references for furthe   | r review of app  | olication.  | , , , , , ,   |  |  |  |
| Signed  |   | Title  |  |   | Date  |  |  |  |
| If applicant is a Corpor  | ation, Partnership, L   | LP, LLC, LTD or Trus   | st, all owner  | s must sig  | n below.  |  |  |  |
| I personally guarantee personally guarantee personal to the above-nare provisions shall be venuable. The Dealer's credit term   | ned applicant. The gued in Sandusky or H  | uarantor agrees tha<br>Iuron County, OH. B   | t any legal a<br>y the signati   | ction brou<br>ure(s) belo   | ight to enforce   | terms and  |  |  |
| Signed  |   | Signed   | l  |   |   |  |  |  |
|   | (guarantor)   |  |  | (gı   | uarantor)   |  |  |  |
| Signed  |   | Signed   | I  |   |   |  |  |  |
|   | (guarantor)   |  |  | (gl   | uarantor)   |  |  |  |



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## SPECIAL BLANKET CERTIFICATE OF EXEMPTION FOR DEALERS AND DISTRIBUTORS

| Name  |  |
|---|--|
| The undersigned hereby claims exemption on purchase   |  |
| Sunrise Cooperative   | on or after  |
| <u> </u>  | FOR OFFICE USE ONLY  |
| and certifies that this claim is based upon the purchaser purchaser, or both, as shown hereon:  ( ) 1. Sold for resale. ( ) 2. Used directly in farming, agriculture, horticulture ( ) 3. Used primarily in a manufacturing operation to ( ) 4. Used directly in production of crude oil or nature ( ) 5. Used directly in rendition of a public utility service ( ) 6. Used in the process of the reclamation of strip records ( ) 7. Sold to the state, or any of its political subdivision ( ) Other - Specify from exemptions listed below: | produce tangible personal property for sale.<br>ral gas.<br>ce.<br>nined land.   |
| The appropriate reason, from the following list, shall be i exemption or exception from the Ohio Sales or Use tax.  | nserted in the blanket exemption certificate when claiming   |
| <ul><li>( ) 10. Sales and installation of agricultural land tile to a per</li><li>( ) 11. Sold to out-of-state retailer for use outside this state</li></ul>  | con engaged in farming, agriculture, horticulture, or floriculture.  erson engaged in farming, agriculture, horticulture, or floriculture.  e.  operty by a person engaged in highway transportatio for hire.  e Pollution Certificate.  cion Certificate.  nservation or Solid Waste Certificate. |
| This certificate shall continue in force until revoked and named vendor unless the order specifies otherwise. In the reimburse the seller for the amount of any tax, interest a   |  |
| Print Name  |  |
| Address   |  |
| Vendor's License #, if any  |  |
| Date Signed   | Signature  |

Farm & Power Equipment retailers of Ohio, Dublin • Ohio Equipment Distributors Association, Dublin Ohio AgriBusiness Association, Worthington

Important note: Every completed sales tax exemption certificate should be retained permanently. Never throw away older cards

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.

even if a new card is signed by the same person or company. **NEVER!** 



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## FARM 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:            |              |                   |       |
| Address:         |              | City, State, Zip: |       |
| SSN:             | Birthdate: _ |                   |       |
| Name:            |              | Title:            |       |
| Address:         |              | City, State, Zip: |       |
| SSN:             | Birthdate: _ | E-P-A-T           |       |
| Name:            |              | Title:            |       |
| Address:         |              | City, State, Zip: | iere. |
| SSN:             | Birthdate: _ |                   |       |
| Printed Name     |              |                   | Date  |
| Timed Name       | (guarantor)  |                   |       |
| Signature        |              |                   |       |
| Printed Name     |              |                   | Date  |
|                  | (guarantor)  |                   |       |
| Signature        |              |                   |       |
| Printed Name     | (guarantor)  |                   | Date  |
|                  | (guarantor)  |                   |       |
| Signature        |              |                   |       |