



BRANCH _____

Sunrise Cooperative, Inc. Credit Dept.
PO Box 870, 2025 W. State St.
Fremont, OH 43420
419-332-6468 OR 1-800-321-5468 FAX 419-355-8743
FARM CREDIT APPLICATION

THIS INFORMATION WILL BE TREATED IN A CONFIDENTIAL MANNER

PLEASE PRINT AND COMPLETELY FILL IN ALL BLANKS

Account Name: _____ Individual
 Address: _____ Partnership
 City, State, Zip: _____ Corporation
 Home Phone: _____ County: _____ LLP
 Cell Phone: _____ Fax #: _____ LLC
 (Must Provide) Birthdate: _____ LTD
 SS # or Fed. ID # _____ Trust
 E-Mail Address: _____

If a partnership, corporation, LLP, LLC, LTD or Trust give name & address of owner(s)

NAME	TITLE	ADDRESS	CITY, STATE, ZIP	SS # and Birthdate (MUST PROVIDE)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employer _____ Position _____ Income _____
 Spouse's Employer _____ Position _____ Income _____

REFERENCES:

Previous Supplier Name: _____ Supplier Address: _____
 Bank or Lenders Name: _____ Phone: _____
 Contact Person: _____
 Address: _____ City: _____ State: _____ Zip: _____

FARM INFORMATION:

Livestock type: _____ Acres Owned: _____ Acres Rented: _____
 & Numbers (Dairy, Beef, Hogs, Sheep, Poultry, etc.)

We are making this application and statement for the purpose of securing credit on account, and we represent that the information given herein is true and accurate. We authorize the references named herein, both financial institutions and suppliers, to release any financial and credit information known to them, for the purpose of evaluating this application for credit. We agree to pay according to the terms of each account and request the billings be made in the account name specified. If a Service Fee is added, it is computed on the previous balance, less payments and credits appearing on the face of the statement, at a periodic rate of up to 2% per month which is an annual percentage rate of up to 24%. The minimum monthly finance charge will be one dollar. 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.

Signed: _____ Title: _____ Date: _____

If Applicant list above is a Corporation, Partnership, LLP, LLC, LTD, or Trust, all owners must sign below.

I personally guarantee payment of all company charges, as consideration for Sunrise Cooperative Inc. to extend credit to the above named applicant.

Signed: _____ Signed: _____
 (Guarantor) (Guarantor)