



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: _____	<input type="checkbox"/> Individual
Address: _____	<input type="checkbox"/> Partnership
City, State, Zip: _____	<input type="checkbox"/> Corporation
Home Phone: _____ County: _____	<input type="checkbox"/> LLP
Cell Phone: _____ Fax #: _____	<input type="checkbox"/> LLC
<b>(Must Provide)</b> Birthdate: _____	<input type="checkbox"/> LTD
Social Security # _____	<input type="checkbox"/> Trust
Federal ID # _____	
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 <b>(MUST PROVIDE)</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: \_\_\_\_\_ (Guarantor)                      Signed: \_\_\_\_\_ (Guarantor)

Name \_\_\_\_\_ Address \_\_\_\_\_

**SPECIAL BLANKET CERTIFICATE OF EXEMPTION FOR DEALERS AND DISTRIBUTORS**

The undersigned hereby claims exemption on purchase of tangible personal property and services from SUNRISE COOPERATIVE, INC. on or after \_\_\_\_\_  
NAME OF VENDOR DATE

and certifies that this claim is based upon the purchaser's proposed use of the items purchased, the activity of the purchaser, or both, as shown hereon:

- 1. Sold for resale.
- 2. Used directly in farming, agriculture, horticulture, or floriculture.
- 3. Used primarily in a manufacturing operation to produce tangible personal property for sale.
- 4. Used directly in production of crude oil or natural gas.
- 5. Used directly in rendition of a public utility service.
- 6. Used in the process of the reclamation of strip mined land.
- 7. Sold to the state, or any of its political subdivisions.
- OTHER – Specify from exemptions listed on back of card: \_\_\_\_\_

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above named vendor unless the order specifies otherwise. *In the event this claim is disallowed the purchaser will reimburse the seller for the amount of any tax, interest and/or penalties assessed.*

**PURCHASER**

PRINT NAME \_\_\_\_\_

Address \_\_\_\_\_

Vendor's License No., if any \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

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

Signature \_\_\_\_\_

The appropriate reason, from the following list, shall be inserted in the blanket exemption certificate when claiming exemption or exception from the Ohio Sales or Use Tax.

- 8. Sold to church or charitable not-for-profit organization.
- 9. Sales and installation of portable grain bins to a person engaged in farming, agriculture, horticulture, or floriculture.
- 10. Sales and installation of agricultural land tile to a person engaged in farming, agriculture, horticulture, or floriculture.
- 11. Sold to out-of-state retailer for use outside this state.
- 12. Used primarily for transporting tangible personal property by a person engaged in highway transportation for hire.
- 13. Sale of water to a consumer for residential use.
- 14. Used exclusively for a facility granted an Air or Noise Pollution Certificate.
- 15. Used exclusively for a facility granted a Water Pollution Certificate.
- 16. Used exclusively for a facility granted an Energy Conservation or Solid Waste Certificate.
- 17. Direct payment authority pursuant to Sec. 5739.03 (enter direct pay permit number on front of card).

*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.*

Important Note: Every completed sales tax exemption certificate should be retained permanently. *Never* throw away older cards even if a new card is signed by the same person or company.  
**Never!**