



The following information is given for the purpose of obtaining credit from:
HERITAGE COOPERATIVE, INC., Credit Department, 125 Bales Road, Kenton OH 43326
Phone: (419) 675-0564 Fax: (419) 673-1725

BUSINESS CREDIT APPLICATION Branch _____ DATE _____

* REQUIRED FIELDS - MUST BE COMPLETED

THIS INFORMATION WILL BE TREATED IN A CONFIDENTIAL MANNER

* Company Legal Name _____ <input type="checkbox"/> check if incorporated	
* Trade Name (if different) _____	
* Billing Address _____	Shipping Address _____

* Federal ID Number _____	* Phone _____ Cell _____

Year Established _____ Present Location Since _____

Parent Company (if Subsidiary) _____ Phone _____

City _____ State _____ Zip _____

* Owner's Name (if closely held) _____ Address _____

* SSN _____ - _____ - _____ Phone _____ City _____ State _____

* TRADE REFERENCES:		
1. Firm _____	City _____	Phone _____
* BANK REFERENCES:		
Name _____	Banker's Name _____	
City _____	State _____	Phone _____

Dun & Bradstreet Number _____ Monthly Credit Requested (est) \$ _____

We agree to the conditions of an open account: this is a 30 day account, all charges are due by the 25th of month following billing, a finance charge of 2% will be accessed if statement balance is not paid in full before next billing cycle. The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

Signed _____ Title _____ Date _____

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

Signed _____ Signed _____

* Must be signed if closely held (Guarantor)

(Guarantor)

FOR CREDIT DEPARTMENT USE ONLY

D & B Rating _____ Credit Limit _____

Credit Decision By _____ Date _____