



Mercer Landmark, Inc.

426 West Market Street

P.O. Box 328

Celina, OH 45822

Phone: (419) 586-2303

Fax: (419) 586-8893

CREDIT REQUEST FORM

ALL INFORMATION MUST BE COMPLETED BEFORE RETURNING THIS FORM TO OUR OFFICE

APPLICANT (Please Print)

CO-APPLICANT (Please Print)

Last First Middle Initial

Last First Middle Initial

Social Security Number Date of Birth

Social Security Number Date of Birth

Current Living Address & Mailing Address, if different

Current Living Address & Mailing Address, if different

City State Zip

City State Zip

Daytime Phone Evening/Mobile

Daytime Phone Evening/Mobile

Employer & Phone # of Years

Employer & Phone # of Years

Do You Own or Rent Personal Residence? # of Years

Do You Own or Rent Personal Residence? # of Years

Name of Landlord and Phone Number (if rent)

Name of Landlord and Phone Number (if rent)

CREDIT REFERENCES

List Bank where Real Estate Mortgage is Held

List Bank where Checking Account is Held

List Bank where Savings Account is Held

Contact Person and Phone Number

Contact Person and Phone Number

Contact Person and Phone Number

REQUESTING CREDIT FOR: (Circle all that apply)

Propane/LP Gas Gasoline/Diesel Fuel Fuel Oil/Heating Fuel Feed: _____ Branch
Agronomy: _____ Branch General Farm Supplies: _____ Branch

The applicant has delivered this request to Mercer Landmark, Inc. for the extension of credit. The applicant swears that the information received is accurate to the best of his/her knowledge and understands that Mercer Landmark, Inc. will rely on the accuracy and completeness of this statement. Applicant must be at least 18 years old.

I/We authorize Mercer Landmark, Inc. to obtain credit information from the above listed credit references or through the credit bureau agency. I/We also authorize Mercer Landmark, Inc. to report to proper persons and credit bureaus my performance of this agreement and to complete credit references about credit experience with me.

I/We agree to pay the "total amount due" by the last day of the month following the statement date. I/We understand that if the full balance is not paid when due, a monthly finance charge of two percent (2%) which is equivalent to twenty-four percent (24%) APR will be assessed and applied to the current balance. A minimum finance charge of \$1.00 applies.

I/We also agree to pay all fees assessed on the account for collection of the balance without relief from valuation and appraisal laws. Fees may include, but not limited to, all attorney fees and court cost. I also agree to pay a returned check fee of \$30.00, if applicable.

Applicant Signature Date

Co-Applicant Signature Date

CW Service

5215 State Route 118 * **Must include copy of driver's license for all applicants**

P.O. Box 111

Coldwater, OH 45828

Phone: (419) 678-4811

Fax: (419) 678-8417

