The following information is given for the purpose of obtaining credit from:

Mercer Landmark, Inc or Heartland Feed Services LLC 426 W Market Street, P.O. Box 328, Celina OH 45822

Phone 567-890-9927 \* Fax 419-586-8893 \* Email glenda@mercerlandmark.com





## **CONSUMER CREDIT APPLICATION**

APPLICANT: (please print)			CO-APPLICANT: (please print)		
Last Name	First Name	Initial	Last Name	First Name	Initial
Social Security #	Social Security # Date of Birth		Social Security #	Date of Birth	
Current Living Addre	ss & Mailing Address, if dif	ferent	Current Living Address	& Mailing Address,	if different
City	State	Zip	City	State	Zip
Daytime Phone #	Cel	Il Phone #	Daytime Phone #		Cell Phone #
Email Address			Email Address		
Employer Name & Ph	none #	# of Years	Employer Name & Pho	one #	# of Years
# of years owned			# of years owned		
Renters' Name & Pho	one Number (if rental)		Renters' Name & phone number (if rental)		
CREDIT REFERENCE		Bank where o	checking account is held	Bank where sav	ings account is held
Phone number of ba	nk	Phone numb	er of bank	Phone number	of bank
Requesting Credit  ☐ Propane/LP Gas	For: (mark all that apply		Tax Status (check one)  ☐ Taxable		
☐ Gasoline/Diesel		□ 1	$\square$ Tax Exempt (if exempt, please supply certification		
☐ Fuel Oil/Heating	g Fuel				
☐ General Supplie	S				
Credit Limit Reque	st: \$		Sales Advisor:		

The applicant/co-applicant has delivered this request to Mercer Landmark, Inc or Heartland Feed Services LLC, Inc. for the extension of credit. The applicant/co-applicant swears that the information provided is accurate to the best of his/her knowledge and understand Mercer Landmark, Inc or Heartland Feed Services LLC, Inc. will rely on the accuracy and completeness of this statement. Applicant/Co-Applicant must be at least 18 years of age.

I/We authorize Mercer Landmark, Inc or Heartland Feed Services LLC, Inc. to obtain credit information from the above listed credit references or through the credit bureau agency. I/We also authorize Mercer Landmark, Inc or Heartland Feed Services LLC, Inc. to report to proper persons and credit bureaus my performance of this agreement and to complete credit references about credit experiences 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 amount due is not paid when due, a monthly service 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 service charge of \$1.00 applies.

, , ,		on of the balance without relief from valuation ar	'''
include, but not limited to, all attor	rney's rees and court cost. I/ we	also agree to pay a returned check item fee, if ap	plicable.
Applicant Signature	Date	Co-Applicant Signature	Date

<sup>\*</sup> Must include copy of driver's license for all applicants