 MERCER LANDMARK, INC.

426 W MARKET STREET

P.O. BOX 328

CELINA, OH 45822

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FAX: (419) 586-8893

EMAIL: glenda@mercerlandmark.com

**CONSUMER CREDIT APPLICATION**

**APPLICANT:** (please print) **CO-APPLICANT:** (please print)

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Last Name First Name Initial Last Name First Name Initial

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Social Security # Date of Birth Social Security # Date of Birth

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Current Living Address & Mailing Address, if different Current Living Address & Mailing Address, if different

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City State Zip City State Zip

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Daytime Phone # Cell Phone # Daytime Phone # Cell Phone #

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Email Address Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name & Phone # # of Years Employer Name & Phone # # of Years

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Own, Rent or Other Personal Residence # of Years Own, Rent or Other Personal Residence # of Years

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Name of Landlord & Phone # (if rent) Name of Landlord & Phone # (if rent)

**CREDIT REFERENCES:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank where mortgage is held Bank where checking account is held Bank where savings account is held

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Phone number of bank Phone number of bank Phone number of bank

**Requesting Credit For:** (circle all that apply)

Propane/LP Gas Gasoline/Diesel Fuel Oil/Heating Fuel

Feed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch Agronomy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch

General Farm Supplies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch

The applicant/co-applicant has delivered this request to Mercer Landmark, 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. 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. 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 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.

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

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Applicant Signature Date Co-Applicant Signature Date

**\* Must include copy of driver’s license for all applicants**