



The following information is given for the purpose of obtaining credit from:
SUNRISE COOPERATIVE PO BOX 870, 2025 W STATE ST., FREMONT, OH 43420
419-332-6468 OR 1-800-321-5468 FAX 419-355-8743
creditall@sunriseco-op.com

BUSINESS CREDIT APPLICATION

Branch \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE PRINT

\* REQUIRED FIELDS - MUST BE COMPLETED

THIS INFORMATION WILL BE TREATED IN A CONFIDENTIAL MANNER

Form section containing fields for: \* Company Legal Name, \* Trade Name, \* Billing Address, \* Federal ID Number, \* E-Mail Address, and checkboxes for Corporation, Partnership, and Sole Proprietorship.

Year Established \_\_\_\_\_ Present Location Since \_\_\_\_\_

Parent Company (if Subsidiary) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

\* Owner's Name (if closely held) \_\_\_\_\_ Address \_\_\_\_\_

\* SSN \_\_\_\_\_ Birthdate \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Form section containing fields for: \* TRADE REFERENCES (1. Firm, 2. Firm) and \* BANK REFERENCES (Name, Banker's Name, City, State, Phone).

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

I agree to pay according to the terms of each account and request billings to be made in the above name.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_
\* Must be signed if closely held (Guarantor) (Guarantor)

We agree to the conditions of an open account: this is a 30-day account, all charges are due by the last business day of month following billing, and a finance charge of 2% per month will be assessed if statement balance is not paid in full before next billing cycle.

FOR CREDIT DEPARTMENT USE ONLY

D & B Rating \_\_\_\_\_ Credit Limit \_\_\_\_\_

Credit Decision By \_\_\_\_\_ Date \_\_\_\_\_