



615 W Hwy 18

Garner, IA 50438

641-923-2635

HANCOCK COUNTY COOP OIL ASSOCIATION

Business Credit Application

Company name _____

Physical Address _____

City, State, Zip _____

Mailing Address _____

City, State, Zip _____

Phone # _____ Fax # _____

Fed. I.D. # _____ Tax Exempt # _____

In Business Since _____ Type of Business _____

Business Structure Corporation _____ Partnership _____ Individual _____

PURCHASE ORDER REQUIRED YES _____ NO _____

BANK REFRANCES

NAME	ADDRESS	PHONE	CONTACT
_____	_____	_____	_____
_____	_____	_____	_____

TRADE REFRANCES

NAME	ADDRESS	PHONE	CONTACT
_____	_____	_____	_____
_____	_____	_____	_____

HANCOCK COUNTY COOP OIL ASSOCIATION Everything I have stated in this application is correct to the best of my knowledge. I understand that Co-op Oil will retain this application whether or not it is approved. I authorize the above bank and credit references to release Information to Hancock County Co-Op Oil Association and Co-op Oil is authorized to answer any questions about your credit experience with me.

X Applicant signature _____ Date _____

X Joint Applicant's Signature _____ Date _____



615 W Hwy 18

Garner, IA 50438

641-923-2635

HANCOCK COUNTY COOP OIL ASSOCIATION

In Accordance with the Federal Consumer Credit Protection Act (1968) and the Iowa Consumer Credit Code (1974), I (we) make application for an open credit account with Hancock County Co-op Oil, Association. On the above date and agree to the following terms:

1. A monthly (periodic) Statement will be sent as of the last day of each calendar month.
2. A FINANCE CHARGE will be assessed on any new balance remaining unpaid less credits and payments on the 15th day of the month following receipt of monthly (periodic statement).
3. The FINANCE CHARGE may be assessed up to the periodic rate of 1.5 percent per month, which is Annual Percentage rate of 18 PERCENT.
4. To avoid a FINANCE CHARGE, I must pay the entire new balance before the 15th day of the month following the receipt of the monthly statement.
5. The seller reserves the right to place a maximum dollar limitation on this account and to terminate further extension of the credit when the account becomes delinquent.
6. All transactions on and after July, 1 2008 will be subject to terms (1) through five (5). It is agreed that the above agreement shall govern and apply to all purchases made by the undersigned, Commencing on the _____ day of _____, _____ year.

X Applicants Signature _____

X Joint Applicants Signature _____

CUSTOMER AWARENESS NOTIFICATION FOR LP CUSTOMERS I ACKNOWLEDGE THAT HANCOCK COUNTY CO-OP OIL ASSOCIATION PROVIDED ME WITH A PROPANE USERS SAFETY PACKET AND GAVE ME THE OPPORTUNITY TO DETECT THE SMELL OF ODORANT. THE INFORMATION IN THE PACKET INCLUDED SAFETY AND WARNING INFORMATION BOOKLET FOR PROPANE USERS AND PROPANE USERS SAFETY GUIDE.

X Customer SIGNATURE _____

Type of Service Being Requested _____

TANK OWNED OR RENTED _____ PROPANE PERCENTAGE _____