

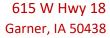


641-923-2635

## HANCOCK COUNTY COOP OIL ASSOCIATION

## **Business Credit Application**

Company name					
Physical Address					
City, State, Zip					
Mailing Address					
City, State, Zip					
hone # Fax #					
Fed. I.D. #			Tax Exempt #		
In Business Since	Type of Business				
Business Structure	Corporation	Partnership	Individual		
PURCHASE ORDER RE	QUIRED YES	NO			
BANK REFRANCES					
NAME	А	DDRESS	PHONE	CONTACT	
TRADE REFRANCES					
NAME	А	DDRESS	PHONE	CONTACT	
understand that Co-op	Oil will retain this appl to Hancock County Co-	ication whether or not it	is approved. I authorize the	o the best of my knowledge. I above bank and credit references swer any questions about your	
X Applicant signature			Date		
X Joint Applicant's Si	gnature		Date		





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.

	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 theday of					
	,year.					
Х Арр	X Applicants Signature					
X Join	t Applicants Signature					
CUSTO	MER AWARENESS NOTIFICATION FOR LP CUSTOMERS I ACKNOWLEDGE THAT HANCOCK COUNTY CO-OP OIL ASSOCIATION					
PROVI	DED ME WITH A PROPANE USERS SAFETY PACKET AND GAVE ME THE OPPORTUNITY TO DETECT THE SMELL OF ODORANT. TH					
INFOR	MATION IN THE PACKET INCLUDED SAFETY AND WARNING INFORMATION BOOKLET FOR PROPANE USERS AND PROPANE					
USERS	SAFETY GUIDE.					
X Cust	omer SIGNATURE					
Type c	of Service Being Requested					
TANK	OWNED OR RENTED PROPANE PERCENTAGE					