615 W Hwy 18
Garner, IA 50438

641-923-2635

HANCOCK COUNTY COOP OIL ASSOCIATION

Personal Credit

Account Name_____ Social Security #_____

Address_____ Birthdate_____

City, State, Zip _____HOME PHONE _____

How Long? _____Years: OWN RENT APT. LANDLORD_____ Landlord phone_____

Present Employer_____Phone_____

Address_____

City, State, Zip_____

Position_____Income_____Per_____Week_____Month_____

Joint Account Name _____Social Security #_____

Address_____ Birthdate _____

City, State, Zip _____HOME PHONE_____

How Long? _____Years: OWN RENT APT. LANDLORD_____ Landlord Phone_____

Present Employer_____Phone_____

Address_____

City, State, Zip _____

Position_____Income_____Per_____Week_____Month_____

Nearest Relative (not living with you) _____

Address_____

City, State, Zip_____

BANK_____

OTHER CHARGE ACCOUNTS NAME ADDRESS PHONE

_____

_____

_____

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HANCOCK COUNTY COOP OIL ASSOCIATION

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_____

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_____