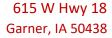




## HANCOCK COUNTY COOP OIL ASSOCIATION

## **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						
	Income					
Joint Account Nam	e	Soc	ial Security #	ŧ		
Address	Birth	idate				
City, State, Zip	HOME PHONE					
How Long?	Years: OWN RENT APT. LANDLORD			Landlord Phone		
Present Employer_		Phone_				
Address						
Position	Income	Per	Week	Month		
Nearest Relative (not living with you)						
Address						
BANK						
OTHER CHARGE ACCOUNTS NAME ADDRESS PHONE						





641-923-2635

## 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
	ct (1968) and the Iowa Consumer Credit Code (1974), I (we) make 0-op Oil, Association. On the above date and agree to the following
<ol> <li>month following receipt of monthly (periodic stateme</li> <li>The FINANCE CHARGE may be assessed up to the periodic 18 PERCENT.</li> <li>To avoid a FINANCE CHARGE, I must pay the entire nether monthly statement.</li> <li>The seller reserves the right to place a maximum dolla credit when the account becomes delinquent.</li> <li>All transactions on and after July, 1 2008 will be subjection.</li> </ol>	nce remaining unpaid less credits and payments on the 15th day of the nt).  odic rate of 1.5 percent per month, which is Annual Percentage rate of w balance before the 15th day of the month following the receipt of ar limitation on this account and to terminate further extension of the ct to terms (1) through five (5). It is agreed that the above agreement indersigned, Commencing on theday of
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 G	AVE ME THE OPPORTUNITY TO DETECT THE SMELL OF ODORANT. THE
INFORMATION IN THE PACKET INCLUDED SAFETY AND WARNIN	NG INFORMATION BOOKLET FOR PROPANE USERS AND PROPANE
USERS SAFETY GUIDE.	
X Customer SIGNATURE	
Type of Service Being Requested	
TANK OWNED OR RENTED	PROPANE PERCENTAGE