

HANCOCK COUNTY CO-OP OIL
245 STATE STR.
GARNER, IOWA 50438
641-923-2635
FAX: 641-923-2637
www.hancockcountycoop.com

PERSONAL CREDIT APPLICATION

TYPE OF SERVICE BEING REQUESTED _____

NAME _____ S.S. # _____

ADDRESS _____ BIRTHDATE _____

CITY, STATE, ZIP _____ HOME PHONE _____

HOW LONG? _____ YEARS: OWN RENT APT. WITH PARENTS LANDLORD _____

PRESENT EMPLOYER _____ PHONE _____

ADDRESS _____ CONTACT _____

CITY, STATE, ZIP _____ HOW LONG? _____

POSITION _____ INCOMES _____ PER _____ WEEK _____ MONTH

NEAREST RELATIVE (not living with you) _____

ADDRESS _____ RELATIONSHIP _____

CITY, STATE, ZIP _____ PHONE _____

JOINT ACCOUNT NAME _____ S.S. # _____

ADDRESS _____ BIRTHDATE _____

CITY, STATE, ZIP _____ HOW LONG? _____

PRESENT EMPLOYER _____ PHONE _____

POSITION _____ INCOMES _____ PER _____ WEEK _____ MONTH

OTHER CHARGE ACCOUNTS

NAME	ADDRESS	PHONE

BANK _____

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, Ass'n. and Co-op Oil is authorized to answer any questions about your credit experience with me.

APPLICANT'S SIGNATURE _____ DATE _____

JOINT APPLICANT'S SIGNATURE _____ DATE _____

CONTINUED ON BACKSIDE

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, Ass'n. 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 the 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 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 credit when the amount becomes delinquent.
6. All transactions on and after July 1, 2008 will be subject to terms one (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.

XX

Applicant's Signature

Joint Applicant's Signature

CUSTOMER AWARENESS NOTIFICATION FOR LP CUSTOMERS

I ACKNOWLEDGE THAT HANCOCK COUNTY CO-OP OIL 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 A PROPANE USERS SAFETY GUIDE.

CUSTOMER SIGNATURE

DATE

OFFICE USE ONLY

CUSTOMER TYPE CODES:

- | | |
|---------------------------------|--------------------------------|
| 1. DALE FUEL CUSTOMER _____ | 8. MAIL INVOICES W/STMT _____ |
| 2. FUEL OIL CUSTOMER DRIV _____ | 9. ERIC L.P. CUSTOMERS _____ |
| 3. WAYNE FUEL CUSTOMER _____ | 10. DALLAS L.P. CUSTOMER _____ |
| 4. FARM DIESEL ONLY _____ | 11. WAYNE L.P. CUSTOMER _____ |
| 5. _____ | 12. WILL CALL CUSTOMER _____ |
| 6. CARDTROL CARDHOLDER _____ | 13. BUDGET CUSTOMERS _____ |
| 7. TIRE & AUTO SERVICE _____ | 14. EMPLOYEES _____ |
| | 15. DIRECTORS _____ |

SPECIAL NOTES AND DIRECTIONS: