

CUSTOMER / COMPANY INFORMATION

| | |
|--------------------|---|
| Company Name | Taxpayer ID |
| Mailing Address | City, State, Zip |
| Street Address | City State Zip |
| Business Telephone | Mobile Telephone |
| Type of Business | <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship |
| Date Established | Amount of Credit Desired |

OFFICERS, PARTNERS, OR OWNERS

| | |
|---------|------------------------|
| Name | Social Security Number |
| Address | City, State, Zip |
| Phone | Title |

| | |
|---------|------------------------|
| Name | Social Security Number |
| Address | City, State, Zip |
| Phone | Title |

| | |
|---------|------------------------|
| Name | Social Security Number |
| Address | City, State, Zip |
| Phone | Title |

BANK REFERENCES

| | | |
|-----------|-----------------|------------------|
| Bank Name | Type of Account | Account Number |
| Phone | Bank Contact | |
| Address | | City, State, Zip |

| | | |
|-----------|-----------------|------------------|
| Bank Name | Type of Account | Account Number |
| Phone | Bank Contact | |
| Address | | City, State, Zip |

TRADE REFERENCES

| | |
|----------------------|------------------|
| Trade Reference Name | |
| Address | City, State, Zip |
| Phone | Amount Owed |

| | |
|----------------------|------------------|
| Trade Reference Name | |
| Address | City, State, Zip |
| Phone | Amount Owed |

FINANCIAL CONDITION (BALANCE SHEET) DATED _____

| Assets | |
|-----------------------------------|----|
| Cash on Hand and in Bank | \$ |
| Accounts Receivable (Collectable) | \$ |
| Inventory (Salable Merchandise) | \$ |
| Truck, Tools, & Equipment | \$ |
| Other Assets | \$ |
| Total Assets | \$ |

| Liabilities | |
|--------------------------|----|
| Accounts Payable | \$ |
| Notes Payable | \$ |
| Other Liabilities | \$ |
| Total Liabilities | \$ |
| Net Worth | \$ |

Does business qualify for sales tax exemption(s)? Yes No
 If yes, please include exemption certificate(s) with this application.
 Are there any unsatisfied judgments against the firm? Yes No
 Have you ever failed in business? Yes No
 Have you ever taken bankruptcy? Yes No

Everything stated in this application is true and correct to the best of my knowledge. Milo C. Cockerham, Inc. (hereinafter referred to as "MCC") is authorized to inquire of principal trade creditors, banks, and other credit references to check my credit history and obtain such information from them as is deemed necessary for evaluating this credit application. MCC is further authorized to answer questions from others about business credit experience.

I/We for and in consideration of your extending credit at my/our request to _____ (hereinafter referred to as the "Company"), hereby agree to bind myself/ourselves to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same, and further agree to pay all costs of collection including attorney's fees. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I/We do hereby waive notice of default, non-payment, and notice thereof and consent to any modification of renewal of the credit agreement hereby guaranteed.

| | | |
|-------------------------------|-------|------|
| *Company Authorized Signature | Title | Date |
|-------------------------------|-------|------|

| | | |
|-------------------------------|-------|------|
| *Company Authorized Signature | Title | Date |
|-------------------------------|-------|------|

| | | |
|------------------------------|-------|------|
| Witness Authorized Signature | Title | Date |
|------------------------------|-------|------|

*Note: Company Owner or Officer must sign this application.

Please send this form to: (OR) Form may be emailed to:
Milo C. Cockerham, Inc., Attn: Accounts Receivable, PO Box 659, Galax, VA ar@cockerhaminc.com

| | |
|--|----------------------|
| Office Use Only | |
| Application Status <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | Approver/Disapprover |
| Credit Limit | |
| Special Instructions: | |

This form is used for Automated Clearing House (ACH) payments. The Customer / Company information must be completed along with the following: (Option 1) provide your financial institution information or (Option 2) attach to this form a voided check or deposit slip of the account you wish to use.

Please check one of the following: Add Change Cancel

CUSTOMER / COMPANY INFORMATION

| | |
|--------------------------------------|----------------------------|
| Name | Customer Number (optional) |
| Mailing Address | City, State, Zip |
| Social Security or Taxpayer ID | Contact Person Name |
| Telephone | Mobile Telephone |
| Email Address for Payment Remittance | |

I/we hereinafter called CUSTOMER, hereby authorize Milo C. Cockerham, Inc. hereinafter called MCC, to process Automated Clearing House (ACH) credit or debit entries to the bank hereinafter called BANK, designated below. This information will be used solely for purposes for payment of obligations determined by MCC to be due from CUSTOMER in the form of a debit or conversely for payment of obligations determined by MCC to be owed to CUSTOMER by MCC in the form of a credit. Transactions will be initiated by MCC as they become due.

FINANCIAL INSTITUTION INFORMATION (Option 1)

| | |
|---|---|
| Bank Name | Bank Phone Number |
| Address | City, State, Zip |
| Bank Routing and Transit Number (required 9 digits) | Type of Account <input type="checkbox"/> Savings <input type="checkbox"/> Checking |
| Bank Account Number | |

VOIDED CHECK OR VOIDED DEPOSIT SLIP (Option 2)

ATTACH VOIDED CHECK OR VOIDED DEPOSIT SLIP.

This authority shall remain in full force and effect until MCC has received written notification from CUSTOMER of its termination in such time and in such manner as to afford MCC and BANK a reasonable opportunity to act on it. CUSTOMER understands that this service is governed by the rules of the Automated Clearing House and that MCC can terminate or modify it at any time.

| | |
|---|-------------|
| Name of Payee or Authorized Official and Title (please print) | |
| Authorized Signature | Date Signed |