

Milo C. Cockerham, Inc.

207 Bartlett Street
Galax, VA 24333
276-236-5194
276-236-9108 (Fax)

Credit Application

Office Use: Approved Disapproved By: _____

Credit Limit: _____

Special Instructions: _____

PLEASE PRINT **NOTE: THIS APPLICATION CANNOT BE PROCESSED UNLESS IT IS FULLY COMPLETED**

APPLICANT	NAME—FIRST			INITIAL	LAST	PHONE NO.	SPOUSE S NAME IF PERMITTED TO USE ACCOUNT (NOT FOR JOINT ACCOUNTS)			
	HOME ADDRESS		NO.	STREET		APT. NO.	PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN 2 YEARS)			
	CITY		STATE	ZIP	YEARS AT ADDRESS	CITY		STATE	ZIP	YEARS AT ADDRESS
	AGE—OPTIONAL	NUMBER OF DEPENDENTS		<input type="checkbox"/> OWN <input type="checkbox"/> BUYING <input type="checkbox"/> RENT	<input type="checkbox"/> HOME <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> APARTMENT	<input type="checkbox"/> LIVE WITH PARENTS	TYPE OF ACCOUNT DESIRED <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT (FILL IN JOINT APPLICATION)		SOCIAL SECURITY NO.	
NAME, ADDRESS, AND TELEPHONE NUMBER OF CLOSEST RELATIVE NOT LIVING WITH YOU									RELATIONSHIP	
INCOME	EMPLOYER'S NAME			PHONE NO.	ADDRESS			YEARS EMPLOYED		
	JOB TITLE OR MILITARY RANK				FORMER EMPLOYER (IF ABOVE LESS THAN 2 YEARS OR IF RETIRED)					
	TOTAL MONTHLY INCOME				YEARS EMPLOYED & JOB TITLE					
CREDIT ACCOUNTS	FIRM NAME		ADDRESS		ACCOUNT NO.	FIRM NAME		ADDRESS	ACCOUNT NO.	
	FIRM NAME		ADDRESS		ACCOUNT NO.	FIRM NAME		ADDRESS	ACCOUNT NO.	
	FIRM NAME		ADDRESS		ACCOUNT NO.	FIRM NAME		ADDRESS	ACCOUNT NO.	
	BANK NAME			ADDRESS			<input type="checkbox"/> CHECKING # _____ <input type="checkbox"/> SAVINGS # _____		<input type="checkbox"/> LOAN # _____	
HEATING OIL APPLICANT	FORMER FUEL SUPPLIER:				DIRECTIONS FOR DELIVERY				<input type="checkbox"/> AUTOMATIC DELIVERY	
	TANK SIZE		WHO OWNS						<input type="checkbox"/> WILL CALL	
	FUEL TYPE: <input type="checkbox"/> #2 FUEL <input type="checkbox"/> KEROSENE								<input type="checkbox"/> _____	
JOINT APPLICANT	COMPLETE IF JOINT ACCOUNT DESIRED (OTHER NAME) NAME			EMPLOYER'S NAME		ADDRESS			PHONE NO.	
	AGE—OPTIONAL	SOCIAL SECURITY NO.		JOB TITLE		TOTAL MONTHLY INCOME				

DISCLOSURE OF ALIMONY, SEPARATE MAINTENANCE OR CHILD SUPPORT PAYMENTS IS OPTIONAL. PLEASE READ CAREFULLY BEFORE SIGNING.

By signing below, I (we) ask that an account be opened. I (we) understand and agree that you may verify and exchange information on me (us) to determine credit responsibility. Any past due amount will be subject to a finance charge. Annual percentage rate and monthly periodic rate will be shown on your monthly statement. Each party to a joint account is fully liable for all charges to that account. All credit balance accounts older than 180 days will be subject to a dormant account fee of \$5.00 per month.

Signature _____ Date _____ If Joint, Other Signature _____ Date _____

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