

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
Special Instructions:	
Credit Limit	

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 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
Home Phone	Cell Phone
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 (Option 2)

ATTACH VOIDED CHECK

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