

**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	\$
<b>Total Assets</b>	\$

Liabilities	
Accounts Payable	\$
Notes Payable	\$
Other Liabilities	\$
<b>Total Liabilities</b>	\$
<b>Net Worth</b>	\$

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
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*Company Authorized Signature	Title	Date
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Witness Authorized Signature	Title	Date
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\*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**

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

