

| Section 1: Applicant  |                                     |                         |                        |   |               |
|---|-------------------------------------|-------------------------|------------------------|---|---------------|
| Customer Name (First, Middle, Last, Suffix)                                     |                                     |                         | Social Security Number |   | Date of Birth |
| Mailing Address   |                                     | City                    | State                  | Zip   |               |
| Physical Address  |                                     | City                    | State                  | Zip   |               |
| Home Phone  | Cell Phone                          | Email Address           |                        | Do You Wish to Receive Electronic Invoices & Statements? <input type="checkbox"/> Yes <input type="checkbox"/> No |               |
| Current Residence<br><input type="checkbox"/> Own <input type="checkbox"/> Rent | If Renting, Landlord Name & Phone # |                         |                        | How Long at Current Address?  |               |
| If Less Than 2 Years, Previous Address  |                                     |                         |                        | Number of Dependents  |               |
| Employer Name   |                                     | Employer Address        |                        |   |               |
| Employer Phone  | Years Employed                      | Job Title/Military Rank |                        | Monthly Income  |               |
| Former Employer (If Less Than 2 Years Employed or Retired)                      |                                     |                         |                        |   |               |
| Name of Nearest Relative Not Living With You                                    |                                     | Telephone               |                        | Relationship  |               |
| Address   |                                     | City                    | State                  | Zip   |               |

| Section 2: Joint Applicant - If Not Applicable Skip Section. |                |                         |                        |   |               |
|--|----------------|-------------------------|------------------------|---|---------------|
| Joint Customer Name (First, Middle, Last, Suffix)            |                |                         | Social Security Number |   | Date of Birth |
| Mailing Address  |                | City                    | State                  | Zip   |               |
| Home Phone   | Cell Phone     | Email Address           |                        | Do You Wish to Receive Electronic Invoices & Statements? <input type="checkbox"/> Yes <input type="checkbox"/> No |               |
| Employer Name  |                | Employer Address        |                        |   |               |
| Employer Phone   | Years Employed | Job Title/Military Rank |                        | Monthly Income  |               |
| Former Employer (If less than 2 Years Employed or Retired)   |                |                         |                        |   |               |

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. I (we) understand that charges to my (our) account must be paid in full by the due date. Any past due amount will be subject to a finance charge. If payment is returned by the bank, a returned item fee will be charged. 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 balances older than 180 days will be subject to a monthly dormant account fee. I (we) understand if legal action is necessary, all legal and collections fees will be my (our) responsibility. I (we) confirm that everything stated in this application is true and correct to the best of my (our) knowledge.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Joint Applicant Signature (If Applicable) Date

**If you have an active Credit or Security Freeze with Equifax, please temporarily unfreeze before submitting application to ensure no delays.**

**Internal Use Only:**

Requested By: \_\_\_\_\_ Credit Limit Requested: \_\_\_\_\_  
 Credit Reviewed By: \_\_\_\_\_ Credit Limit Approved: \_\_\_\_\_  
 Terms Approved: \_\_\_\_\_

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<br><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 |