

**Consumers Cooperative Oil Company
Consumer Application for Credit**

Please Print or Type

Date: _____

CONSUMER INFORMATION

Applicant's Full Name _____

Co-Applicant Full Name _____

Current Address _____ City _____

State _____ Zip _____ Phone _____

Years at address _____ Previous Address _____

Applicant Social Security No. _____ Co-Applicant Social Security No. _____

Occupation _____ Employer _____

Year at Employer _____ Title _____ Employers Phone No. _____

Co-Applicant Occupation _____ Employer _____

Year at Employer _____ Title _____ Employers Phone No. _____

Applicant Income / Salary _____ Co-Applicant Income / Salary _____

Are there any unsatisfied judgments against you? Yes ___ No ___ Notes _____

Have you filed for Bankruptcy in the last seven years? Yes ___ No ___ Notes _____

Are you the participant in any lawsuits? Yes ___ No ___ Notes _____

Has any party to this application obtained credit under a different name Yes ___ No ___ Notes _____

CREDIT REFERENCES

	Name	City	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

BANK REFERENCES

	Name	City	Phone No.	Account No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

If approved, I intend to use my account for Convenience Stores, Propane, Fuel & Lubricants? (Circle)

Estimated Monthly Charges _____

AGREEMENT

By my signature below, I agree to the following terms and conditions:

1. I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended.
2. If credit is granted, I promise to pay all bills when rendered.
3. If credit is granted, I hereby agree to all the terms of conditions of Consumers Cooperative Oil Company Associations Credit Policy, incorporated herein by reference, as may be amended from time to time.
4. If any legal proceeding or collection action is taken with respect to any amount owed by Applicant, Applicant agrees to pay all expenses and costs, including attorney's fees, incurred by Consumers Cooperative Oil Company, if allowed by law. If legal proceedings are commenced, you agree that the dispute shall be governed by the laws of the State of Wisconsin and that the venue of any action shall be in the state court located in Sauk County.
5. The undersigned shall not transfer or assign this agreement without the prior written consent of Consumers Cooperative Oil Company and/or its Agents to verify or supplement the information stated in the Credit Application.
6. I give my permission for Consumers Cooperative Oil Company to contact all companies and banks provided on the Application in order to request that they release my credit history to assist Consumers Cooperative Oil Company in determining whether and/or how much credit may be extended to me by Consumers Cooperative Oil Company.
7. I further authorize all credit reporting agencies, employers, credit and banking references to release all pertinent information about me to Consumers Cooperative Oil Company Association.
8. I acknowledge receipt of Consumers Cooperative Duty to Warn and propane safety information.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

Application Status	_____
Approved By	_____
Date	_____
Credit Limit	_____
Account No.	_____

INDIVIDUAL CONSENT AND CERTIFICATION OF TAXPAYER I.D. NUMBER

LEGAL NAME: _____ TAX ID#, SSN or EIN: _____

ADDRESS: _____ PHONE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____ Birth Date: / /

I hereby consent to include in my gross income, as now or hereafter provided in the federal income tax laws, the stated dollar amount of each written notice of allocation which I receive from **Consumers Coop Oil Company** with respect to my patronage occurring during the current and all subsequent taxable years of this cooperative. This consent shall be revocable by me at any time if in writing.

Certification – Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions – You must cross out items (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding, you received another notification from the IRS that you are no longer subject to backup withholding, do not cross out item (2).

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

SIGNATURE: _____ DATE: _____