

**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.	_____