

Applicant is an: Individual Sole Proprietor Business Partnership Corporation fapplying for business account, name of business: Sales Tax Exempt? Years Address: City: State: Zip: There: There: State: Zip:	Full Name:		Birthdate:					
Address:	Applicant is an: Ind	ividual Sole Pro	Sole Proprietor Business Partnership Corpora					
City: State: Zip: There:	If applying for business account, r	name of business:	siness:		Sales Tax Exempt?			
Previous Address: City: State: Zip: There: Present Employer: Years There: Employer Address: City: State: Zip: Years There: Employer Address: City: State: Zip: Persent Earnings: Person will use this account. Such person must also sign the application and will be jointly obligated on the account.) Name: Birthdate: Years Address (If different): City: State: Zip: There: Employer: Years There: Present Earnings: Present Earnings: Person must also sign the application and will be pointly obligated on the account.) Name: Birthdate: Years Address (If different): City: State: Zip: There: Present Earnings: Present Earnings: Person Ea	Address:	City:		State:	Zip:			
Previous Address:	Telephone:	SS#:	S#: Driver's License #:					
City:	Previous Address:		City:		Zip:			
Present Earnings:	Present Employer:				Years There:			
Dither Income:	Employer Address:	City:		State:	Zip:			
Name:	Position:	F	Present Earnings:		Dependents:			
Name:	Other Income:	per	Sour	ce of Income:	e of Income:			
Address (If different): City: State: Zip: There: Telephone: SS#: Driver's License #: Employer: Years There: Address: City: State: Zip: Position: Present Earnings: per Dependents: Name of Nearest Relative Not Living With You: Telephone: Address: Address: City: State: Zip: Relationship: Are you a college Student? What College? State: Zip: Zip:	Joint Applicant (Spouse): (Complete	this part if another person will u	se this account. Such person r	must also sign the application a	and will be jointly ob	ligated on the account.)		
Address (If different): City: State: Zip: There: Telephone: SS#: Driver's License #: Employer: Years There: Address: City: State: Zip: Position: Present Earnings: per Dependents: Name of Nearest Relative Not Living With You: Telephone:								
Employer:	Address (If different):			State: _	Zip:			
Address:	Telephone:	SS#:	Dri	ver's License #:				
Address:	Employer:			Years	s There:			
Name of Nearest Relative Not Living With You: Telephone:								
Address: City: Zip: Relationship: Are you a college Student? What College? State: Zip: College Address: City: State: Zip:	Position:		Present Earni	ings: per	Dep	endents:		
Address: City: Zip: Relationship: Are you a college Student? What College? State: Zip: College Address: City: State: Zip:	Name of Nearest Relative Not Liv	ing With You:		Teler	ohone:			
College Address: City: State: Zip:								
College Address: City: State: Zip:	Are you a college Student?	What College?						
THIOID GO YOU DUTIN 110W 1011y								
Mortgage Holder s Real Estate: Personal Property:								

LOCAL CREDIT REFERENCES

Name of Business:	lame of Business:Address:		Type of Account: (Charge, Budget, Open, etc)				
			(Charge, Budg	jet, Open, etc)			
Are there any unsatisfied judger	ments against you?						
Have you declared Bankruptcy	in the last 14 years?	If yes, where:	Year: _				
Maximum Amount of Credit App	lying For:	What products do you want	to charge?				
If you are a Farmer Number	er of Acres you Farm	_ Acres you Own:					
	STATEMENT	OF CREDIT POLICY					
All charges are due and payable by the 20th of the month following the month of purchase. Charges not paid by the 20th of the month following purchase will be subject to a finance charge of 6% late fee and a finance charge of 1 ½ % per month (18% annual percentage rate) on the unpaid balance.							
If charges a	are not paid in full within 40 days of the st	tatement due date, your account will l	be considered delinquent.				
Delinquent accounts will be put on a cash only basis until paid. We are not required by law to deliver home heating products to delinquent accounts.							
If charges are not paid in full within 40 days of the statement due date, appropriate collection and/or legal action will be taken to collect the account. Delinquent accounts are not eligible for any cash discounts which may be in effect. Any legal fees incurred by Morris Coop to collect your account, will also be added to your balance. For those individuals that are unable to meet the requirements of our credit policy, extended terms may be available if arrangements are made prior to purchase.							
Credit Policy – Morris Coop Association, Board of Directors It has been a number of years since we have officially notified all of our patrons of the established credit policy. Although there are no significant changes in the basic credit policy statement which has been in effect in the past, we have management to provide stricter enforcement on all delinquent accounts.							
Past due accounts make it difficult to provide necessary working capital needed to pay for appropriate inventory levels, meet payroll, maintain and provide updated equipment and facilities, retire estates and revolve equities. It should be understood that we are not a banking business, but do offer a 20 to 50 day convenience credit for approved accounts 10/1/2008							
Pleas	se Note: There will be a 3% serv	vice fee on statements paid w	vith a credit card.				
Everything that I have statement by due date. You on this application, and a	You are authorized to che	eck my credit and emplo	oyment history from thos				
			Date				
Applicant's Signat	ure						
Laint Applicant Cia			Date	_			
Joint Applicant Sig	nature						
OFFICE USE ONLY							
Reviewed By Date							