



3330 Menville Blacktop
P.O. Box 106
Hornick, IA 51026

APPLICATION for PROPANE/HEATING OIL CREDIT ACCOUNT

712-206-4472 | www.newcoop.com

Full Legal Name of Applicant _____

Date of Birth _____

Federal ID or SS# _____

Home Phone _____

Address _____

Cell Phone _____

Email: _____

Home Ownership Own Rent

How Long at above Address _____

If Rent: Landlord Name _____

Landlord Phone _____

Spouse Name _____

Spouse SS # _____

Spouse Phone _____

Spouse Date of Birth _____

Former Address _____

City, State, Zip _____

Employer _____

Employer Address _____

Tank Ownership Company Customer

Tank Size 1,000 500 250 120 Cylinder

Propane Used For Furnace/Boiler Fireplace Pool Water Heater Generator Range Other _____

Facing the House, Please Indicate the Tank Location Right Left or Rear

CREDIT POLICY and TERMS

- Accounts are invoiced monthly. Payments are due by the 15th of each month.
- Finance charge: A Finance Charge will be assessed on any balance remaining unpaid, less credits and payments, on the fifteenth (15th) day of the month. The FINANCE CHARGE will be assessed at the rate of 19.8 PERCENT per annum.) To avoid a FINANCE CHARGE, the entire new balance must be paid before the fifteenth (15th) day of the month.
- ANY ACCOUNT WHICH BECOMES PAST DUE IS SUBJECT TO TERMINATION OF SERVICE WITHOUT NOTICE. IF SERVICE IS TERMINATED, FUTURE PURCHASES (IF ANY) WILL BE ON A CASH ONLY BASIS.**
- All fuel remains the property of NEW Cooperative, Inc. until paid for in full. NEW Cooperative, Inc. reserves the right to reclaim any fuel not paid in full.
- Should past due account(s) require the assistance of a collection agency and/or attorney to obtain payment(s), the credit applicant herein agrees to pay for all costs, including any attorney's fees associated with collection and any subsequent enforcement action.
- A service charge of Thirty Dollars (\$30.00) will be added on any check returned by a bank.
- Applicant agrees to pay for a leak check if tank runs out of propane due to non-payment by applicant.
- Termination of automatic delivery service by customer must be made in writing.
- I hereby authorize you or any credit reporting agency employed by you to investigate the references herein listed or any of the other information stated above to determine my qualification for a credit account, I also acknowledge receipt of a true copy of the credit terms listed.

REFERENCES

Name _____

Name _____

Phone _____

Phone _____

I accept NEW Cooperative's Credit Policy and Terms

Dated the _____ day of _____, 20_____.

SIGNATURE _____

SIGNATURE _____

PRINTED NAME _____

PRINTED NAME _____

OFFICE USE ONLY	Approved by: _____
	Account No.: _____