



GENERAL CREDIT APPLICATION

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Worthington, IN 47471
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Toll Free 1-800-444-9746
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INFORMATION ABOUT YOURSELF (Applicant) *THIS INFORMATION WILL BE TREATED IN A CONFIDENTIAL MANNER.*

NAME (Last - First - Middle) — PLEASE PRINT _____ DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____ HOW LONG _____ A/C HOME NO. _____
Yr. Mos. ()

PREVIOUS ADDRESS (If less than 3 years at present address) _____ HOW LONG _____ NO. DEPENDENTS _____ MARITAL STATUS: _____
Yr. Mos. Single Married

PRESENT EMPLOYER _____ HOW LONG _____ OCCUPATION _____
Yr. Mos.

EMPLOYER'S ADDRESS _____ CITY _____ STATE _____ ZIP _____ A/C PHONE NO. _____ TAKE HOME PAY _____
() \$ PER

SOURCES(S) OF OTHER INCOME. *Alimony, child support, separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.* Alimony Child Support Maintenance Payment Other _____ OTHER INCOME _____
\$ PER

PREVIOUS EMPLOYER (If less than 3 years with present employer) AND ADDRESS _____ HOW LONG _____ OCCUPATION _____
Yr. Mos.

NEAREST RELATIVE NOT LIVING WITH YOU/RELATIONSHIP _____ ADDRESS/STATE _____ A/C PHONE NO. _____
()

INFORMATION ABOUT YOUR CO-APPLICANT (If applicable) *Co-Applicant must sign below for this credit information to be considered. Co-Applicant will be contractually liable on this account*

NAME (Last - First - Middle) — PLEASE PRINT _____ DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

EMPLOYER _____ HOW LONG _____ OCCUPATION _____
Yr. Mos.

EMPLOYER'S ADDRESS - CITY - STATE - ZIP _____ SUPERVISOR _____ A/C PHONE NO. _____ TAKE HOME PAY _____
() \$ PER

OTHER OBLIGATION(S) AND AMOUNT(S): ALIMONY CHILD SUPPORT \$ _____ PER _____ DWELLING: TYPE: OWN RENT

MAINTENANCE OTHER: _____

BANK REFERENCES: NAME _____ ADDRESS _____ A/C PHONE NO. _____ CHECKING SAVINGS LOAN
()

HAVE YOU DECLARED BANKRUPTCY IN THE LAST 10 YEARS? YES NO IF SO WHERE & WHAT YEAR: _____

ARE THERE ANY GARNISHMENTS OR UNSATISFIED JUDGEMENTS PRESENTLY LEVIED AGAINST YOU? YES NO IF YES, EXPLAIN: _____

PRODUCTS OR SERVICES TO BE PURCHASED: _____

REQUESTING: GAS CARDS - How many? _____ Unleaded only or Unleaded & Diesel HOME LP TANK OTHER _____

The applicant has delivered this statement to creditor to induce creditor to extend credit to the applicant. Everything that I have stated in this application is correct to the best of my knowledge. This applicant understands that the creditor will rely on the truth, accuracy and completeness of this statement. The applicant certified that the information inserted herein has been carefully read and is true, correct and complete. You are authorized to investigate my credit record and report to proper persons and bureaus my performance of this agreement and to answer questions about your credit experience with me.

I/We agree to pay the balance due, in addition, all applicable **finance charges** which I/we hereby agree to pay in accordance to all terms and conditions in which I/we are notified from time to time including, but not limited to, periodic statements sent to me setting forth the outstanding obligations I/we have to you.

I/We hereby agree to pay all attorney fees and court costs if this account is referred to attorneys for collections, without relief from valuation and appraisal laws.

In accordance with Article 9 Section 402 of the UCC Code, the buyer further grants to seller a security interest in buyer's equipment, contract rights, inventories, receivables and proceeds of sales as collateral to secure the buyer's performance of all obligations. The buyer further authorizes the seller to file a financing statement without buyer's signature.

A Finance Charge may be imposed if the unpaid balance shown on the current statement as the New Balance is not paid before due date.

If a Finance Charge is added it is computed on the Average Daily Balance appearing on the face of this statement, at a periodic rate of 1.75% per month, which is an Annual Percentage Rate of 21% or the highest prevailing rate provided by law.

In the event I do receive gas service from your company, I do hereby release White River Co-op from any liability from any damages that may occur to our property (driveway, yard, etc.) as they are setting or picking up a LP tank or delivering LP gas to my property.

Applicant's Signature & Date _____ Co-Applicant's Signature & Date _____

Applicant's Social Security Number: _____ Co-Applicant's Social Security Number: _____

FOR OFFICE USE ONLY: Dept. _____ APPROVED DISAPPROVED By _____ Date _____