

**COGDILL FARM SUPPLY, INC**  
**NEW PROPANE CUSTOMER SET-UP & APPLICATION FOR CREDIT**

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
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HOME PHONE:	CELL PHONE:
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SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
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SPOUSE'S NAME:	SPOUSE'S SSN#:
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YEARS LIVED AT CURRENT ADDRESS:	PREVIOUS ADDRESS:	STREET	CITY	STATE	ZIP
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DO YOU OWN OR RENT YOUR HOME?:	NAME OF CURRENT EMPLOYER:	EMPLOYER'S PHONE NUMBER:
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YEARS EMPLOYED BY CURRENT EMPLOYER:	NAME OF SPOUSE'S CURRENT EMPLOYER:	SPOUSE'S WORK PHONE NUMBER:
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PREVIOUS GAS/UTILITY SUPPLIER (NAME & PHONE):

BANK REFERENCE (NAME & PHONE):

CONTRACTING PREFERENCE:	KEEP FULL ( )	WILL CALL ( ) IF WILL CALL, PLEASE CALL AT 20% REMAINING OR HIGHER
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PROPANE DELIVERY ADDRESS:	STREET	CITY	STATE	ZIP
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SPECIAL DELIVERY INSTRUCTIONS:

BILLING ADDRESS:	STREET	CITY	STATE	ZIP
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**PRIMARY PROPANE USES (CIRCLE ALL THAT APPLY):**

RESIDENTIAL:	AGRICULTURAL/COMMERCIAL
CLOTHES DRYING	LIVESTOCK BUILDING (DESCRIBE):
COOKING STOVE	GRAIN DRYER: CONTINUOUS / BATCH OR IN-BIN
HOME HEAT	SHOP HEAT (SHOP SIZE):
WATER HEATER	WATER HEATING (DESCRIBE):
AUXILIARY HEAT	FORK LIFT      OTHER VEHICLE (DESCRIBE):

OTHER (DESCRIBE)

Cogdill Farm Supply, Inc.'s terms are payment within 10 days of billing. I hereby agree to the terms of sale of Cogdill Farm Supply and further agree that I will pay 2% per month finance charge on amounts that exceed 30 days and that Cogdill Farm Supply may withhold provision of further products or services (including propane delivery) if my account is past due. Cogdill Farm Supply reserves the right to require prepayment for any products or services. The undersigned hereby also authorizes the credit department of Cogdill Farm Supply to obtain information pertaining to accounts of deposits, credit obligations, and all other matters which they may require in connection with my (our) request for an open line of credit. The undersigned also further agrees to pay reasonable attorneys fees and all costs incurred for collection of any obligations owed to Cogdill Farm Supply.

Signature:	Date:
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Approved By:	Date:	Customer Code:
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