

Farmer's Septic Service, Inc.
P.O. Box 301
Moon, VA 23119
PH: (804) 725-9645
FAX: (804) 725-1361

RESIDENTIAL CREDIT AGREEMENT

APPLICANT INFORMATION		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
CO-APPLICANT INFORMATION, IF APPLIES		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
APPLICATION INFORMATION CONTINUED		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
<p>I authorize Farmer's Septic Service, Inc. to verify the information provided on this form as to my credit and employment history.</p> <p>Payment is due 30 days from date of service. Any balance over 30 days from the rendering of such written statement to Customer, interest shall accrue thereon at the rate of 1 1/2% per month, (18% per annually) and Customer shall pay all costs of collection, including reasonable attorney's fees up to maximum of 33 1/3% of the total amount due.</p>		
Signature of applicant		Date
Signature of co-applicant, if applicable		Date