



1205B Richmond Rd, Staunton VA, 24401

*Please return completed form to the mailing address listed above.*

## Application for Customer Number

**PLEASE PRINT** the following information and return the completed form to the Co-op's mailing address listed above. If you would like a charge account, you will need to fill out a credit application.

1. \_\_\_\_\_  
Name preferred on account

2. \_\_\_\_\_  
Contact Name Email Address

3. \_\_\_\_\_  
Physical Address

4. \_\_\_\_\_  
Mailing Address (if different from physical address)

5. \_\_\_\_\_  
City, State and Zip Code Telephone

**Certification** – *Under the penalties of perjury, I certify that the information provided above on this form is true, correct and complete.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date