Acct. # _____

Augusta Cooperative Farm Bureau, Inc.

1205B Richmond Road
Staunton, VA 24401

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