



BUSINESS APPLICATION FOR CREDIT

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|--|--|-------------|--------------|--------|
| Firm Name | | Fed Tax No. | | Date |
| Street Address | | | Phone No. | |
| City | | State | Zip Code | County |
| Full name of owner or owners (and an authorized officer of corporation if different) | | | | Email |
| Owners or Officers Home address & zip code | | | Home Phone # | |
| What products/services are you interested in? Propane (LP) <input type="checkbox"/> Fuels <input type="checkbox"/> Agronomy <input type="checkbox"/> Auto, Truck & Tire Shop <input type="checkbox"/> Holiday <input type="checkbox"/> | | | | |

Please check one Proprietorship Partnership Corporation Limited Liability Co.

ADDITIONAL INFORMATION REQUIRED FOR CONDITIONAL SALES CONTRACTS UNDER THE UNIFORM COMMERCIAL CODE

DEBTOR (INDIVIDUAL SIGNING CONTRACT) _____ TITLE _____

DEBTOR'S SOCIAL SECURITY #'s (FOR PARTNERSHIP OR INDIVIDUAL) _____

TYPE OF BUSINESS _____ DATE STARTED _____ Est. Annual Sales _____

FORMER BUSINESS _____ LOCATION _____

OWN OR RENT BUILDING? IF RENT, FROM WHOM _____ VALUE _____

REAL ESTATE MORTGAGE AMOUNT _____

TRADE REFERENCES

| NAME | ADDRESS | Fax No | PHONE NO. |
|------|---------|--------|-----------|
| | | | |
| | | | |

| | |
|--------------|--------------|
| Name of Bank | Address |
| Bank Contact | Bank Phone # |

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR CREDIT POLICY.

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HERBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

SIGNATURE

TITLE

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

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| | | | | - | | | - | | | | | |
|--|--|--|--|---|--|--|---|--|--|--|--|--|

or

Employer identification number

| | | | | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|--|--|--|
| | | | | - | | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|--|--|--|

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|----------------------------------|--------------|
| Sign Here | Signature of U.S. person ▶ _____ | Date ▶ _____ |
|------------------|----------------------------------|--------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



INDIVIDUAL PERSONAL GUARANTY

Date ____/____/____

I, _____, residing at _____, for and in consideration of your extending credit at my request to _____

(name of company applying herein referred to as the "Company"), of which I am

_____ (title), do hereby personally guarantee to **Mid-County Coop**

the payment at **700 W. Lake Street, PO Box 177, Cologne, in the State of Minnesota** of any obligation of the Company, and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice to default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature _____

Witness _____

PO Box 177, 700 W. Lake Street, Cologne, MN 55322 952.466.3700 (Phone) 952.466.3715 (Fax)