



INDIVIDUAL CREDIT APPLICATION

LAST NAME		FIRST	M.I.	SOCIAL SECURITY NUMBER		DATE OF BIRTH
STREET ADDRESS		CITY	STATE	ZIP CODE	COUNTY	YEARS THERE
HOME PHONE		CELL PHONE		E MAIL		
PREVIOUS ADDRESS		CITY	STATE	ZIP CODE	YEARS THERE	NO. OF DEPENDENTS
PRESENT EMPLOYER		YEARS THERE	POSITION (IF SELF EMPLOYED-NATURE OF BUSINESS)			MONTHLY INCOME
ADDRESS		CITY	STATE	ZIP CODE	BUSINESS PHONE	
PREVIOUS EMPLOYER			YEARS THERE	POSITION		
NEAREST RELATIVE NOT LIVING WITH YOU				RELATIONSHIP		
OTHER INCOME				SOURCE		
				\$		
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"/>						

CO-APPLICANT(IF APPLICABLE)

NAME		SOCIAL SECURITY NUMBER		DATE OF BIRTH		RELATIONSHIP
STREET ADDRESS		CITY	STATE	ZIP CODE	YEARS THERE	PHONE NUMBER
EMPLOYER NAME AND ADDRESS			YEARS THERE	POSITION		MONTHLY INCOME
CHECKING ACCOUNT NO/BANK		SAVINGS ACCOUNT NO/BANK		NEAREST RELATIVE NOT LIVING WITH YOU		
LOAN OR ACCT OBLIGATION, IF DIFFERENT FROM APPLICANT				ACCOUNT NO	BALANCE	PAYMENT

I agree that the following terms will govern any purchases made which are charged to any charge account that I may have with Mid-County Coop.

1. I will pay the entire balance showing within 30 days of billing date and I understand that if any portion of my balance remains unpaid for more than 60 days, I will be placed on a cash basis until that amount is paid.
2. I understand that A FINANCE CHARGE OF 1.5%, which is an (ANNUAL PRECENTAGE RATE OF 18%) per year will be applied to that part of any balance that resulted from purchases made during a calendar month, but not paid before the last of the following month plus any previous balance that remained unpaid.
3. Payments shall be applied first to the unpaid finance charge, then to the remaining outstanding balance.
4. In the event that collection proceedings must be instituted to collect any balance due, I will pay your court costs and reasonable attorney fees.
5. If applying for a joint account, both of us agree to be bound by the terms of this agreement and each of us agree to be jointly and severally liable for payment of all purchases made under this agreement.
6. You shall have the right to limit or terminate my charge account, but termination shall not affect my obligation to pay an existing balance. You may at your option declare the entire balance due and payable.

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

APPLICANT SIGNATURE		DATE	CO-APPLICANT SIGNATURE		DATE
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P.O. Box 177, 700 Lake St. West, Cologne, MN 55322

952.466.3720 (phone)

952.466.3715 (fax)

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below), and
4. 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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.