



## INDIVIDUAL CREDIT APPLICATION

LAST NAME		FIRST	M.I.	SOCIAL SECURITY NUMBER		DATE OF BIRTH		
STREET ADDRESS		CITY	STATE	ZIP CODE	COUNTY	YEARS THERE OWN <input type="checkbox"/> RENT <input type="checkbox"/>		
HOME PHONE	CELL PHONE		E MAIL ADDRESS					
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					
WHAT PRODUCTS/SERVICES ARE YOU INTERESTED IN?				PROPANE (LP) <input type="checkbox"/>	FUELS <input type="checkbox"/>	AGRONOMY <input type="checkbox"/>	TRUCK CENTER <input type="checkbox"/>	HOLIDAY <input type="checkbox"/>
EMAIL ADDRESS(ES) FOR PAPERLESS BILLING								

### CO-APPLICANT(IF APPLICABLE)

NAME			SOCIAL SECURITY NUMBER		DATE OF BIRTH	
EMAIL ADDRESS					RELATIONSHIP	
STREET ADDRESS		CITY	STATE	ZIP CODE	YEARS THERE	PHONE NUMBER
EMPLOYER NAME AND ADDRESS		YEARS THERE	POSITION		MONTHLY INCOME	

**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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3/22/2023

P.O. Box 177, 700 W. Lake St., Cologne, MN 55322

952.466.3720 (phone)

credit@midcountycoop.com

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>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.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <p><b>MID-COUNTY COOP</b> <b>700 W LAKE STREET</b> <b>COLOGNE MN 55322</b></p>

**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*.

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.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

**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.

<b>Sign Here</b>	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.** 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](http://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-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.*