



## BUSINESS APPLICATION FOR CREDIT

Business 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 Address	
Owners or Officers Home Address & Zip Code			Home Phone #	
Accounts Payable Contact Name			Accounts Payable Phone #	
Accounts Payable Email Address				
Email Address(es) for Paperless Billing				
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"/>				

**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 \_\_\_\_\_

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

3/1/2023

# Request for Taxpayer Identification Number and Certification

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

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> See <i>Specific Instructions</i> on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b> Business name/disregarded entity name, if different from above.		
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____	
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	<i>(Applies to accounts maintained outside the United States.)</i>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional) <b>Mid-County Coop</b> <b>700 Lake St. W., PO Box 177</b> <b>Cologne, MN 55322</b>	
	<b>6</b> City, state, and ZIP code		
	<b>7</b> 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.

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

	Social security number					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-			
	or					
	Employer identification number					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 90%; 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).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



## INDIVIDUAL PERSONAL GUARANTY

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_ (name), residing at  
\_\_\_\_\_  
\_\_\_\_\_ (street address),  
\_\_\_\_\_ (city), \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) 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 \_\_\_\_\_

3/2023

PO Box 177, 700 W. Lake Street, Cologne, MN 55322 952.466.3700 (Phone) credit@midcountycoop.com