

# INDIVIDUAL CREDIT APPLICATION

LAST NAME			DII API					
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HOME PHONE	CELL PHONE			E MAIL ADDR	ESS		OWN CARENTE	
PREVIOUS ADDRESS	CITY	STATE		ZIP CODE	YEARS THERE	NO. OF DEF	PENDENTS	
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TRESENT EMICEOTER	TEARS THERE	FOSITION (IF S	ELF EMPLOTED-N	ATORE OF BOSII	VE33)		MONTHLY INCOME	
ADDRESS	CITY			STATE	ZIP CODE	BUSINESS	PHONE	
PREVIOUS EMPLOYER			YEARS TH	ERE	POSITION			
WHAT PRODUCTS/SERVICES	ARE YOU INTERESTED	IN? PROPANE	E(LP)  FUEL	s AGRON	OMY 🖵 TRUC	K CENTER 🔲 HO	LIDAY 🔲	
EMAIL ADDRESS(ES) FOR F	APERLESS BILLING							
	2							
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NAME				SOCIAL SECT	KIII NUMBER	DATE OF B	IKIH	
EMAIL ADDRESS			CELL PHO	NE NE		RELATIONS	SHIP	
STREET ADDRESS	CITY	STATE		ZIP CODE	YEARS THERE	PHONE NU	MBER	
EMPLOYER NAME AND ADDRESS		YEARS THERE		POSITION	POSITION		MONTHLY INCOME	
I Al 4	Alex Callanda Land							
I agree that	t the following terms	will govern any	purchases r	nade which	are charge	d		
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# Department of the Treasury Internal Revenue Service

# **Request for Taxpayer Identification Number and Certification**

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

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

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

	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the centity's name on line 2.)	wner's name on	line 1, and enter the business/disregarded
Print or type. See Specific Instructions on page 3.	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered only one of the following seven boxes.  Individual/sole proprietor	certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)	
	3b 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			(Applies to accounts maintained outside the United States.)
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's na	or's name and address (optional)
	6	City, state, and ZIP code	700 Lake S Cologne, M	t. W., PO Box 177 IN 55322
	7	List account number(s) here (optional)		
Pai	tΙ	Taxpayer Identification Number (TIN)		
backı reside	up w ent a es, it	r TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid in the appropriate box. The TIN provided must match the name given on line 1 to avoid not included in the proprietor, or disregarded entity, see the instructions for Part I, later. For other it is your employer identification number (EIN). If you do not have a number, see How to get it.	or a ta or	al security number
				oyer identification number
		ne account is in more than one name, see the instructions for line 1. See also What Name To Give the Requester for guidelines on whose number to enter.	and	-
Par	t II	Certification		
Unde	r per	nalties of perjury, I certify that:		
1. The	e nui	mber shown on this form is my correct taxpayer identification number (or I am waiting for	a number to b	e issued to me); and
2. I ar Sei	n no	ot subject to backup withholding because (a) I am exempt from backup withholding, or (b) a (IRS) that I am subject to backup withholding as a result of a failure to report all interest oper subject to backup withholding; and	I have not bee	en notified by the Internal Revenue
3. I ar	n a l	U.S. citizen or other U.S. person (defined below); and		
4. The	FA	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is correct.	
Certif becau acquis	icati ise y sitior	ion instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transaction or abandonment of secured property, cancellation of debt, contributions to an individual retainment and dividends, you are not required to sign the certification, but you must provide you	ou are currentlens, item 2 doe	s not apply. For mortgage interest paid, ement (IRA), and, generally, payments
Sign Here		Signature of	ate	
Ge	ne	ral Instructions New line 3b has b	een added to	this form. A flow-through entity is

Section references are to the Internal Revenue Code unless otherwise

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.

### 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.

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