

# **BUSINESS APPLICATION FOR CREDIT**

Business Name	Fed Tax No.		ite				
Street Address		Phone No.					
City	State	Zip Code	County				
Full name of owner or owners(and an authorized of	fficer of corporatio	n if different)	Er	nail Address			
Owners or Officers Home Address & Zip Code			Home Ph	none #			
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)	Fuels Agror	nomy	Truck Center Holiday			
ADDITIONAL INFORMATION REQUIRED FOR CONDIT	IONAL SALES CON	ITRACTS UNDER	R THE UNIF	FORM COMMERCIAL CODE			
DEBTOR (INDIVIDUAL SIGNING CONTRACT)			TITLE	<del></del> ,			
DEBTOR'S SOCIAL SECURITY #'s (FOR PARTNERSHI	P OR INDIVIDUAL)	<u> </u>					
TYPE OF BUSINESS	DATE STARTE	D	E	st. Annual Sales			
OWN OR RENT BUILDING? IF RENT, FROM WHOM			Pi	none #			
	RADE REFERE						
NAME ADDRESS		Fax No		PHONE NO.			
Name of Bank	Address						
Bank Contact	Bank Phone	#					
APPLICANT'S SIGNATURE ATTESTS FINANCIAL RES ACCORDANCE WITH OUR CREDIT POLICY. IN THE E BALANCE DUE, APPLICANT AGREES TO PAY OUR C	VENT THAT COLLE	ECTION PROCES	EDINGS MU	IST BE INSTITUTED TO COLLECT AN			
THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAIN		7					
CREDIT AND IS WARRANTED TO BE TRUE. I/WE HERBY AUT THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVEST THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT	IGATE	SIGNATURE					
FINANCIAL RESPONSIBILITY.		TITLE		3/1/202			

Form W=9
(Rev. March 2024)
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.

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

Before	у уо	u begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.										
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the o entity's name on line 2.)	wner's na	me on l	ine 1, a	nd	enter	the bu	sines	ss/dis	egarde	d
	2	Business name/disregarded entity name, if different from above.									-	
Print or type. See Specific Instructions on page 3.	only one of the following seven boxes.  Individual/sole proprietor					Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)						
Print or type. c Instruction		<ul> <li>classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead cherbox for the tax classification of its owner.</li> <li>Other (see instructions)</li> </ul>	k the app	ropriate	C	omp		Act (			ount T	ax
P Specific	3ь	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax and you are providing this form to a partnership, trust, or estate in which you have an ownership this box if you have any foreign partners, owners, or beneficiaries. See instructions	nterest, c	heck			•	to acci e the l				
See	5	Address (number, street, and apt. or suite no.). See instructions.	Request				dress	(option	nal)			_
	_	0	Mid-Co				В	. 477				
	6	City, state, and ZIP code	700 La					(1//				
	7	List account number(s) here (optional)	Colog	10, 1111	1 33.		•		_			_
Par	tl	Taxpayer Identification Number (TIN)										_
Enter	your	TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid	Social	secur	ty r	numb	er				
		ithholding. For individuals, this is generally your social security number (SSN). However, t	or 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							Ш		L		$\perp$	
TIN, later.						or identification number						
Note: If the account is in more than one name, see the instructions for line 1. See also What Name and					7 [	i identification number						
		o Give the Requester for guidelines on whose number to enter.			-							
Par	П	Certification					Ш					_
		nalties of perjury, I certify that:							-			
2. I an Ser	n no vice	mber shown on this form is my correct taxpayer identification number (or I am waiting for t subject to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest er subject to backup withholding; and	I have n	ot beer	n notif	ed	by th	ne Inte	erna			m
3. I an	nat	J.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	ng is com	rect.								
becau acquis other t	se y ition han	on 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 transacting or abandonment of secured property, cancellation of debt, contributions to an individual rejuinterest and dividends, you are not required to sign the certification, but you must provide you	ons, item irement a	2 does arrange	not a	ppl IRA	y. Fo A), an	r mort d, gen	gag	e inte ly, pa	rest pa yment:	S
Sign		Signature of	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 <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a>.

#### 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