

BUSINESS APPLICATION FOR CREDIT

| Business Name | Fed Tax No. | Fed Tax No. Date | | | | | |
|--|------------------------------|--------------------------|-----------------------|---------------------------|--|--|--|
| Street Address | 1 | Phone No. | ! | | | | |
| City | State | Zip Code | County | | | | |
| Full name of owner or owners(and an authorized of | fficer of corporati | on 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) | Fuels Agro | nomy Truck Center | ☐ Holiday ☐ | | | |
| ADDITIONAL INFORMATION REQUIRED FOR CONDIT | IONAL SALES CO | NTRACTS UNDE | R THE UNIFORM COMME | RCIAL CODE | | | |
| DEBTOR (INDIVIDUAL SIGNING CONTRACT) | | | TITLE | | | | |
| DEBTOR'S SOCIAL SECURITY #'s (FOR PARTNERSHI | P OR INDIVIDUAL | -) | | | | | |
| TYPE OF BUSINESS | DATE START | ED | Est. Annual Sales | | | | |
| OWN OR RENT BUILDING? IF RENT, FROM WHOM | | | Phone # | | | | |
| | RADE REFERE | | | | | | |
| NAME ADDRESS | | Fax No | | PHONE NO. | | | |
| | | | | | | | |
| Name of Bank | Address | | | | | | |
| Hame of Bank | | | | | | | |
| Bank Contact | Bank Phone # | | | | | | |
| APPLICANT'S SIGNATURE ATTESTS FINANCIAL RES | I PONSIBILITY, ABI | LITY AND WILLIN | GNESS TO PAY OUR IN | VOICES IN | | | |
| ACCORDANCE WITH OUR CREDIT POLICY. IN THE E BALANCE DUE, APPLICANT AGREES TO PAY OUR CO | VENT THAT COLL | ECTION PROCE | EDINGS MUST BE INSTIT | | | | |
| THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAIN | | | | | | | |
| CREDIT AND IS WARRANTED TO BE TRUE. I/WE HERBY AUT THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVEST | | SIGNATUR | F | | | | |
| THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT | | J. GIGINATORI | - | | | | |
| FINANCIAL RESPONSIBILITY | | TITLE | | 3/1/202 | | | |

PLEASE SAVE AS PDF, ATTACH TO EMAIL, AND SEND TO CREDIT@MIDCOUNTYCOOP.COM



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.

| Interna | і ке | venue Service | | | | | | | | | |
|--|---|---|------------|--------------------------------|----------|----------------------------|---|---------|------------------------|-------|--|
| Befor | е у | bu begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below. | | | | | | | | | |
| | 1 | Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the overtity's name on line 2.) | wner's nar | ne on lin | e 1, and | d enter | the bu | siness | 3/disrega | arded | |
| | 2 | Business name/disregarded entity name, if different from above. | | | | | | | | | |
| n page 3. | 3a | 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor C corporation S corporation Partnership Trust/estate | | | | | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | | |
| so. | LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) | | | | | Exempt payee code (if any) | | | | | |
| Note: 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. Other (see instructions) Code (if any) | | | | | | | e Act (l | _ | | | |
| ř ř | | Other (see instructions) | | | Cod | e (if any | " — | | | | |
| Print or type. See Specific Instructions on page | 3b | 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 ir this box if you have any foreign partners, owners, or beneficiaries. See instructions | | | (A | | | | maintain ' States.) | | |
| See | 5 | Address (number, street, and apt. or suite no.). See instructions. | Requeste | r's name | and a | ddress | (option | nal) | | | |
| | 6 | City, state, and ZIP code | | | | | | | | | |
| | 7 | List account number(s) here (optional) | | | | | | | | | |
| Par | t I | Taxpayer Identification Number (TIN) | | | | | | | | | |
| Enter | VOL | r TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo | oid L | Social s | ecurity | numb | er | | | | |
| 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 <i>How to get a TIN</i> , later. | | | | | | | | | | | |
| TIIV, later. | | | | Employer identification number | | | | | | | |
| | | ne account is in more than one name, see the instructions for line 1. See also <i>What Name a</i> of of the Requester for guidelines on whose number to enter. | and | | - | | | | | | |
| Par | I | Certification | · | | | | | | | | |
| Unde | pe | nalties of perjury, I certify that: | | | | | | | | | |
| 2. I ar Ser | n no vice | mber shown on this form is my correct taxpayer identification number (or I am waiting for a et subject to backup withholding because (a) I am exempt from backup withholding, or (b) I et (IRS) that I am subject to backup withholding as a result of a failure to report all interest o per subject to backup withholding; and | l have no | t been i | notifie | d by th | ne Inte | ernal F | | | |
| 3. I ar | n a | J.S. citizen or other U.S. person (defined below); and | | | | | | | | | |
| 4. The | FΑ | TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting | g is corre | ct. | | | | | | | |
| becau | se y | 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 retire. | ns, item 2 | 2 does r | ot app | oly. For | r mort | gage i | interest | | |

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.

General Instructions

Signature of

U.S. person

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*.

What's New

Sign

Here

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 |
|---|---|
| | |
| 1, | (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 th | ne payment at 700 W. Lake Street, PO |
| Box 177, Cologne, in the State of Minnesota of any obli | igation of the Company, and I hereby |
| agree to bind myself to pay you on demand any sum wh | hich may become due to you by the |
| Company whenever the Company shall fail to pay the sa | ame. It is understood that this guaranty |
| shall be a continuing and irrevocable guaranty and inde | mnity for such indebtedness of the |
| Company. I do hereby waive notice to default, non-payr | ment and notice thereof and consent to |
| any modification or renewal of the credit agreement her | reby guaranteed. |
| Signature | |
| Witness | |

9/2025

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