



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			CELL PHONE		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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**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.

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

Print or type.
See Specific Instructions on page 3.

1 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.)	
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 on line 1. Check only one 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) 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. <input type="checkbox"/> Other (see instructions) _____	4 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) _____ (Applies to accounts maintained outside the United States.)
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 <input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional) Mid-County Coop 700 Lake St. W., PO Box 177 Cologne, MN 55322
6 City, state, and ZIP code	
7 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	
<div></div>	<div></div>
or	
Employer identification number	
<div></div>	<div></div>

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.

Sign Here Signature of U.S. person

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 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