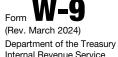


# APPLICATION FOR GRAIN ACCOUNT ONLY

Credit Department Use Only:					
Account Approved: ☐ Yes	□ No				
Account Number:					
Date:					

TYPE OF APPLICANT – Ch		<u> </u>					_	_		_		
☐ Individual / Sole Proprietor	☐ Entity:	Limi	ted Liabil	ity Cor	mpany	☐ Corporation ☐	Partnership [	Tru	st/Estate	Oth	er	
APPLICANT INFORMATIO	<b>N</b> – To be	e compl	eted if In	ıdividı	ual / S	ole Proprietor box i	is checked a	bove	:			
					First Name			MI				
Mailing Address				City				State ZIP Code			-	
Phone/Cell Number Email Address												
Social Security or Tax ID Number Date of Bi			Birth (ı	th (mm/dd/yy) or Incorporation Date			Di	Driver's License #				
ENTITY INFORMATION - 1	To be com	pleted	if LLC, C	orpor	ation,	Partnership, Trust /	/ Estate, or C	Other	box is ch	ecked	above	
Entity Name – as shown on your		<del> </del>			· · · ,	1-7	Date of Inc					itate
Federal ID Number	N	lame of S	Subsidiari	es								
Mailing Address						City			State	ZIP Code		
Email Address	Email Address					Phone Number			Alt. Phone Number			
his section <b>MUST</b> be completed by or depresentatives, or Members) Please ttached personal guaranty of corpora	note: LLC's,					,					-	•
OWNER INFORMATION OWNER INFORMATION												
(Shareholder, Partner, Trustee, Personal Representative, or Member)			MI	(Shareholder, Partner, Trustee, Personal Representative, or Member)					1			
Last Name Legal First Name				МІ				gal First Name MI				
Social Security Number Date of Birth (mm/dd/y		ı/dd/yy)	% O	% Owner   Social Security Number   Da			Date	Oate of Birth (mm/dd/yy) % Owner				
Mailing Address					Mailing Address							
City		State	ZIP Code			City			State ZIP Code			
OWNER INFORMATION (Shareholder, Partner, Trustee, Per	rsonal Repi	esentativ	e. or Mem	nber)		OWNER INFOR (Shareholder, Partne		sonal	Representa	ative. or	Member	r)
ast Name Legal First Name			МІ	<u> </u>			egal First Name MI					
Social Security Number	Date of B	te of Birth (mm/dd/yy) % Owner		wner	Social Security Number		Date	Date of Birth (mm/dd/yy) % Owner			6 Owner	
Mailing Address				Mailing Address								
City State ZIP Code				City			State ZIP Code					
ADDITIONAL INFORMATION				APPLICANT JOINT APPLICANT					NT			
Does anyone possess a lien or security interest on your crops?			☐ Yes ☐ No				☐ Yes ☐ No					
f on shares, please indicate spl	it on expe	nses an	d/or grain	sales	s:					1_		
APPLICANT SIGNATURE -	<u> </u>					nts (authorized si	gnature for	enti	(V)			
understand this application is for grai hat in making a decision on my applic r not it is approved. I understand and	in only. Every	ything tha ers Coope	t I have sta rative is rel	ted in tl lying on	his appl this inf	ication is correct as of the ormation. I understand t	he date listed be that Farmers Co	elow th	ne best of m			



## 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.

		ionae con nec						
Befor	e yo	bu 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 owne entity's name on line 2.)	r'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 on only <b>one</b> of the following seven boxes.  Individual/sole proprietor	Trust/estate	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)				
F Specific	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax class and you are providing this form to a partnership, trust, or estate in which you have an ownership interest this box if you have any foreign partners, owners, or beneficiaries. See instructions	(Applies to accounts maintained outside the United States.)					
See	5	Address (number, street, and apt. or suite no.). See instructions.	quester's name a	and address (optional)				
	6	City, state, and ZIP code						
		List account number(s) here (optional)						
Pai	t I	Taxpayer Identification Number (TIN)						
	•	r TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid		curity number				
reside	nt a	ithholding. For individuals, this is generally your social security number (SSN). However, for a lien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>						
TIN, la			or					
,				identification number				
		ne account is in more than one name, see the instructions for line 1. See also What Name and To Give the Requester for guidelines on whose number to enter.	´	-				
Par	t II	Certification						
Unde	r pei	nalties of perjury, I certify that:						
1. The	nu	mber shown on this form is my correct taxpayer identification number (or I am waiting for a nu	umber to be iss	sued to me); and				
Sei	vice	of subject to backup withholding because (a) I am exempt from backup withholding, or (b) I hat I am subject to backup withholding as a result of a failure to report all interest or diger subject to backup withholding; and		•				
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 is	correct.					
becau	ise y	ion instructions. You must cross out item 2 above if you have been notified by the IRS that you are have failed to report all interest and dividends on your tax return. For real estate transactions, and a phandonment of secured property, cancellation of debt, contributions to an individual retirem	item 2 does no	t apply. For mortgage interest paid				

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**

Date

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