

City

CREDIT APPLICATION

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

TYPE OF APPLICANT — Chec	k approp	priate box –	check of	only or	ne of t	the boxe	es									
☐ Individual / Sole Proprietor ☐	Entity:	Limited L	iability C	Compan	ıy 🗆 (Corporati	ion 🔲	Partners	hip [☐ Trust	/Esta	te 🔲	Other			
☐ I request that my account be hereby agree to pay for any produced in the pr															ecked.	I
INDIVIDUAL / SOLE PROPR	IETOR I	NFORMAT	ION –	To be o	compl	eted if I	ndividu	ıal / Sol	le Pro	oprieto	r box	is ch	necked	above		
Last Name		Legal First Na					MI			rity Nun				f Birth (mı	n/dd/y	у)
Mailing Address	•					City						State	e Z	IP Code		
Phone/Cell Number	Email A	ddress						Receive			ents?			e Newslet		
Deirendo Licence #			O	•				⊔ Yes		No	F		☐ Ye		0	
Driver's License #		Employer & 0	Occupati	ion							Em	ipioye	er Pnone	Number		
SPOUSE / CO-APPLICANT II	NFORM	I ATION – A	re you a	applyir	ng wit	h a spoι	ıse / co	-applic	ant?	Ye	es	No)			
Last Name		Legal First Na	•		<u> </u>	·	MI			rity Nun	nber		m/dd/y	у)		
Phone/Cell Number	Email A	ddress									Dri	ver's	License	#		
Employer & Occupation										Employ	er Pho	ne Nu	ımber			
ENITITY INCODMANTION -		1 . 1:5116	2.0			1.		/=		O.I. I		_				
ENTITY INFORMATION – To		<u>. </u>	د, Corpc	oration	ı, Part	nersnip _.	, irust ,	Estate	<u>. </u>						Chaha	
Entity Name – as shown on your in	come tax	return							Date	e or inco	rpora	ion /	Organiz	ation	State	
Federal ID Number		Name of Sub	sidiaries			Tax Exempt? Include copy of tax-exempt ☐ Yes ☐ No						tax-exempt o	ertificate	2		
Mailing Address						City				State ZIP Code						
Email Address						Phone Number Alt. Phone Number										
This section MUST be completed by c Personal Representatives, or Member complete attached personal guaranty	s) Please	note: LLC's, Co														t
OWNER INFORMATION				`				ORMA							`	
(Shareholder, Partner, Trustee, Personal Last Name		rst Name	Member	r)	MI	Last Na		artner, Ir	rustee	e, Persor	lai Kep Legal			or Membei	r)	МІ
														1		
Social Security Number	Date of	Birth (mm/do	d/yy)	% Ow	ner	Social S	ecurity	Number			Date	of Birt	th (mm/	dd/yy)	% Ov	vner
Mailing Address						Mailing	Addres	s								
City		State	ZIP Co	de		City						:	State	ZIP Cod	e	
OWNER INFORMATION						OWN	ER <u>IN</u> F	ORMA	OITA	N						
(Shareholder, Partner, Trustee, Pers		•	Member	r)		(Shareh	older, Pa							or Membe	r)	
Last Name	Legal Fi	rst Name			MI	Last Na	me				Legal	First N	Name			MI
Social Security Number	Date of	Birth (mm/do	d/yy)	% Ow	/ner	Social S	ecurity	Number			Date of Birth (mm/dd/yy) % Ow				vner	
Mailing Address	ı			1		Mailing	Addres	s							1	

ZIP Code

City

State

ZIP Code

State



CREDIT APPLICATION

LIMITED FINANCIAL INFORMATION												
Gross Farm/Business Income (most recent full year)				Amount of Annual Debt Service Payments								
Applicant's Total Assets				Amount of Annual Debt Service Payments								
List Other Income and Source(s) (annua	al gross from	sources o	other than farming)									
List Names of Creditors and Amounts Owed to Each												
PRIMARY BANK REFERENCE –	MUST be some	alated by Al	Lamplicants	OTHER CREDIT	REFERENCE (N	on-Bank o	or Credi	t Card)				
Bank Name	Contact Na		. с аррисанть	OTHER CREDIT REFERENCE (Non-Bank or Credit Card) Name								
Mailing Address				Mailing Address								
City		State	ZIP Code	City			State	ZIP Code				
Phone Number	Fax Numb	er		Phone Number		Fax Numb	er	l				
OTHER CREDIT REFERENCE (N	on-Bank o	or Credi	t Card)	OTHER CREDIT	REFERENCE (N	on-Bank o	or Credi	t Card)				
Name	Contact Na			Name	· ·							
Mailing Address	1			Mailing Address								
City		State	ZIP Code	City		State	ZIP Code					
Phone Number	Fax Numb	er		Phone Number		Fax Number						
PRODUCTION INFORMATION												
Total Acres Owned		Total /	Acres Rented		Total Acres I	armed						
16		d/	in calca.									
If on shares, please indicate split on e	expenses ar	iu/or gra	in sales:									
PURCHASES — Select ALL that ap	ply			CREDIT LIMIT -	- Balance Sheet requi	red for any cr	edit limit o	over \$75,000				
☐ Grain ☐ Agronomy ☐ Energy (F	uel, Propan	e, Tires, e	etc.) 🗆 Feed	Desired Credit Limi	t							
ADDITIONAL INFORMATION				APPLI	CANT	JO	INT AP	PLICANT				
Are there any judgments against you?				☐ Yes	□ No	□ Y	es	□No				
Have you declared bankruptcy in the la	st 14 years?			☐ Yes			es	□No				
Are you a party to a lawsuit?				☐ Yes ☐ No		☐ Yes		□ No				
Are any of your taxes delinquent or und	der dispute?			☐ Yes	□ No	□ Y	es	□ No				
Are you delinquent on any accounts pa	yable, includ	ling cash	rent?	☐ Yes	□ No	□ Y	es	□ No				
Are you contingently liable (as a guarar	ntor or other	wise) on	any debts?	☐ Yes	□ No	□ Y	es	□ No				
Does anyone possess a lien or security	interest on y	our prop	erty?	☐ Yes	□ No	□ Y	es	□ No				
				☐ Yes	□ No	□ Y	es	□ No				
If yes to any question, please explain a	f yes to any question, please explain and/or indicate the name and address of the party, and for what amounts?											

SALES TERMS AND CREDIT AGREEMENT

All sales made by Farmers Cooperative (the "Cooperative") to the Applicant are due and payable upon delivery whether to Applicant or to an applicator or agent on behalf of Applicant, except for sales on accounts which have established a credit relationship with the Cooperative ("Credit Sales"). Applicant agrees and acknowledges that delivery of goods and/or services (collectively "Products") to a representative, agent or applicator is deemed to be a delivery to and acceptance by Applicant. Unless other written documents signed by the Cooperative state otherwise, all Credit Sales are due and payable in full within 30 days of the date of the statement. No terms or conditions of any sale different from the Cooperative's terms of sale will become part of any agreement unless approved in writing by the Cooperative. A finance charge of the lesser of 1.333% per month (16% Annual Percentage Rate) or the highest amount permitted by applicable law may be assessed against sales which have not been timely paid. Applicant agrees that all other terms and conditions of sale shall be governed by the Cooperative's bylaws, credit policies, invoice, or other documents which may be sent to Applicant after delivery of the Products. For those accounts which incur finance charges, the Cooperative may apply payments or credits first to finance charges and subsequently to outstanding invoice balances at the discretion of the Cooperative.

Upon the Cooperative's approval, the Cooperative will assign Applicant a maximum credit amount ("Credit Limit"). Applicant agrees to provide the Cooperative with a current financial statement, upon the Cooperative's request, which Applicant represents accurately states Applicant's financial condition as of the date of such financial statement and Applicant understands that the Cooperative will rely on the accuracy of the financial information in deciding to extend credit and set a Credit limit. Should the account balance exceed any established Credit Limit, liability for payment additionally extends to the entire balance. The Cooperative has the right to reduce the Credit Limit and/or withdraw credit under this Credit Agreement at any time without prior notice, except as otherwise provided by the law. The Cooperative reserves the right to revoke credit or demand full payment if Applicant fails to pay when due or, if in the sole discretion of the Cooperative, there has been an adverse change in buyer's ability to repay credit extended by the Cooperative, whereupon the Cooperative shall have the right to demand payment or other assurance which it deems adequate, and the Cooperative is hereby authorized to file any lien available to vendors and/or applicators of Products in the manner provided by applicable law notwithstanding the terms of agreements between Applicant and the Cooperative. The Cooperative does not waive its rights by accepting late payments.

This Credit Agreement shall be governed and construed in accordance with the laws of the State of Nebraska. If any provision contained in this Credit Agreement is determined by a court to be in conflict with applicable law, that provision shall be considered changed or omitted to conform to such law, but all other provisions of this Agreement shall remain in full force and effect. Nothing in this Agreement shall be deemed to limit the Cooperative's collection rights or remedies. Applicant agrees to pay reasonable attorney fees and costs of collection. This credit agreement, including any collection actions, and product efficacy claims, may be enforced in any court of appropriate jurisdiction and applicant waives any argument that such forum is not convenient. To the extent permitted under applicable law, the cooperative and applicant waive their rights to any jury trial with respect to any litigation arising under or in connection with this credit agreement with credit sales between applicant and the cooperative.

Applicant agrees to be bound by the terms of the warranty limitations and the disclaimers contained on any product labels and invoices. Applicant understands such disclaimers limit any right to a refund of the purchase price or applicant's obligation to repay credit extended by the cooperative for any portion of the purchase price, and applicant agrees this is a reasonable limitation. Applicant also acknowledges that the Cooperative assumes no duty to Applicant in the event that any of its representatives make a recommendation as to the selection, application or use of a Product and that any such recommendation is without consideration and informational only. Applicant shall be solely responsible for the ultimate selection, application or use of all Products purchased from the Cooperative. Applicant represents to the Cooperative that it intends to use Products financed by the Cooperative under this application and Agreement in Applicant's business operations and not for personal, family or household purposes.

The undersigned, being either the Applicant or an individual authorized to act on behalf of the Applicant, offers this information to the Cooperative to induce consideration for credit. The undersigned hereby acknowledge and agree to all terms and conditions of this Credit Application and Agreement and to the Cooperative's bylaws and credit policies, as amended from time to time. The undersigned certifies the information submitted is true and correct and authorizes the Cooperative to verify any information deemed necessary to make a credit determination. The Applicant further authorizes the Cooperative to request and obtain a copy of the Applicant's most recent financial statements, if available, from its bank, other agency, or accountant to support application information. The undersigned individual(s) recognizing that his or her individual credit history may be a factor in the evaluation of the creditworthiness of the applicant, hereby consents to and authorizes the use of a credit report on the undersigned by the cooperative, from time to time as may be needed, in the credit evaluation process. The undersigned, on his/her own behalf and on behalf of the Applicant, hereby authorizes the Cooperative to provide a copy of this Agreement to such parties as evidence of Applicant's consent to release of such information.

Applicant: Sign	Date	Co-Applicant: Sign	Date			
Print		Print				

TO BE COMPLETED IF APPLYING ON BEHALF OF AN ENITY PERSONAL GUARANTY OF CORPORATE DEBT

The undersigned individual guarantor(s) hereby personally and unconditionally guarantee the payment and performance of all indebtedness and obligations due and owing the Cooperative by the Applicant. The undersigned further agrees to pay all of the Cooperative's costs of collection, including reasonable attorney's fees if allowed under applicable law, in endeavoring to collect or enforce any of Applicant's obligations. Guarantor(s) further authorize(s) the Cooperative to obtain any and all credit or asset report(s) on guarantor(s). The Cooperative shall not be required to first proceed against the Applicant on any past due obligations; this guaranty being absolute in respect to prompt payment. The undersigned charges his/her separate property which is now owned or hereafter acquired and waives notice of granting of credit from time to time by the Customer to the Applicant as well as waives notice of any nonpayment by the Applicant of accounts when due. This guaranty shall continue indefinitely, and nothing shall affect the liability of the undersigned except written notice of the discontinuance thereof, but such termination shall not affect then existing obligations of the Applicant and the liability of the undersigned with respect thereto shall continue and be binding upon his/her heirs, administration, successors, and assigns. The undersigned personal guarantor(s), recognizing his or her individual credit history may be a necessary factor in the evaluation of this personal guaranty, hereby consent(s) to and authorize(s) the use of consumer credit report on the undersigned by the Cooperative, from time to time as may be needed, in the credit evaluation process.

,	Individually	,Ind	ividually
Guarantor: Print & Sign	Date	Guarantor: Print & Sign	Date
 Print		Print	



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.

Befor	е у	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 centity's name on line 2.)	owner's n	ame on	line	1, an	id ente	er the	e bus	iness	/disreg	arded			
	2	Business name/disregarded entity name, if different from above.													
n page 3.	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 C corporation S corporation Partnership	ζ	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):											
only one of the following seven boxes. Individual/sole proprietor								Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting							
rint Insi		Other (see instructions)				coc	le (if a	ny) .							
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.)						
See	5	Address (number, street, and apt. or suite no.). See instructions.	Reques	ter's na	me	e and address (optional)									
	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 a	oid	Socia	l se	curity	/ num	ber							
	-	rithholding. For individuals, this is generally your social security number (SSN). However, the security number (SSN) is generally your social security number (SSN).													
		lien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other				-	-		-						
entitie	-	is your employer identification number (EIN). If you do not have a number, see How to ge	et a	or								•			
/ // V, 10	alei			Emplo	yer	er identification number									
		ne account is in more than one name, see the instructions for line 1. See also What Name of Give the Requester for guidelines on whose number to enter.	and] .	- [
Par	iII	Certification							•						
Unde	pe	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 numb	er to be	e is	sued	to m	e); a	ınd						
Ser	vice	of 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 per subject to backup withholding; and					•								
3. I ar	n a	U.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	ng is cor	rect.											
becau acquis	se y sitio	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 required to sign the certification, but you must provide you have an of the certification.	ons, item irement	n 2 does arrange	s no eme	ot app ent (IF	ply. Fo RA), ar	or m nd, g	ortga gene	age i rally,	nterest paym	ents			

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