

# **AG PARTNERS ACCOUNT APPLICATION**

Thank you for your interest in setting up an account with Ag Partners.

Please complete the following:

- 1) Account application
- 2) W9 – we are required by the IRS to have a W9 on file for each customer.
- 3) ST 3 – this form is needed if you are exempt from paying sales tax on certain items. For example we must have a st3 on file to exempt you from paying sales tax on feed.

You may return the paperwork to any location, mail to Po Box 218 Goodhue, MN 55027, or fax to 651-923-4064

If you have any questions please contact Heather at: 651-923-4496 or 800-732-1439 (Goodhue office), 651-764-9491 (cell phone), or e-mail [heathers@agpartners.net](mailto:heathers@agpartners.net)

# AG PARTNERS ACCOUNT APPLICATION AND REVOLVING CREDIT AGREEMENT

LAST NAME	FIRST	INITIAL	SOCIAL SECURITY NUMBER		HOME PHONE:
STREET ADDRESS				CITY	STATE
PREVIOUS ADDRESS				CITY	STATE
E-MAIL ADDRESS:					
PRESENT EMPLOYER			YEARS THERE	POSITION (IF SELF-EMPLOYED - NATURE OF BUSINESS)	
ADDRESS			CITY	STATE	ZIP CODE
NAME OF SPOUSE			NAME AND PHONE NUMBER OF CLOSEST RELATIVE NOT LIVING WITH YOU		

## CREDIT REFERENCES

CHECKING <input type="checkbox"/>	NAME OF BANK	ACCOUNT NUMBER	PHONE NUMBER	ADDRESS
LOAN <input type="checkbox"/>	NAME OF BANK	ACCOUNT NUMBER	PHONE NUMBER	ADDRESS

## TYPE OF ACCOUNT

AGRONOMY <input type="checkbox"/>	LIVESTOCK FEED <input type="checkbox"/>	PETROLEUM/LP <input type="checkbox"/>	ALL <input type="checkbox"/>
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I agree to the following terms:

1. I will pay cash at the time of sale or by the last day of the month following the date of sale. Thereafter, a finance charge of 1.5% (18% per annum) will be added to all accounts over 30 days past due on the date of the second billing. To avoid a finance charge, accounts must be received in the office on or before the last day of each month. If the account remains unpaid at the end of the second billing period, no further credit will be extended to the customer until the account is paid in full.
2. If any part of the outstanding balance on the bill has been owed for more than 60 days, or if I breach this Revolving Credit Agreement or any Security Agreement I may sign, I will be in default and Ag Partners Coop may exercise its rights to collect without further notice to me. Ag Partners Coop's rights to collect include the right to sue me for the balance due; to exercise its rights under any Security Agreements which I have signed; to set off against any money or right which Ag Partners owes to me, and to collect from me its costs of collection including attorney's fees.
3. Ag Partners Coop shall have the right to limit or terminate this Revolving Credit Agreement at any time. The termination of this agreement shall not release me from my obligations to pay any amounts which I owe to Ag Partners Coop. This agreement and any Security Agreement which I have signed contain all the agreements between Ag Partners Coop and me and no oral representations have been made to me. No failure to act by Ag Partners Coop shall be a waiver of its right to act in the future. Each person who signs this Agreement shall be jointly and severally liable under its terms. This Agreement and Security Agreement which I have signed shall be governed by the laws of Minnesota.

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'S SIGNATURE	DATE
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If Applicant is a corporation, LLC, or other entity, I personally guarantee Applicant's performance under this Agreement. Ag Partners Coop may enforce this guarantee against me before or after taking action against Applicant. I will pay Ag Partners Coop's costs of collection (including attorney's fees).

GUARANTOR'S SIGNATURE	DATE
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GUARANTOR'S SIGNATURE	DATE
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## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below).

**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 on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

# Certificate of Exemption

**Purchaser:** Complete this certificate and **give it to the seller.**

**Seller:** If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # \_\_\_\_\_

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity name and specific project:

Exempt entity name \_\_\_\_\_ Project description \_\_\_\_\_

Type or print	Name of purchaser _____			
	Business address _____		City _____	State _____ Zip code _____
	Purchaser's tax ID number _____		State of issue _____	Country of issue _____
	If no tax ID number, enter one of the following:	FEIN _____	Driver's license number/State issued ID number _____	state of issue _____ number _____
	Name of seller from whom you are purchasing, leasing or renting _____			
Seller's address _____		City _____	State _____ Zip code _____	

**Type of business.** Circle the number that describes your business.

Type of business	01 Accommodation and food services	11 Transportation and warehousing
	02 Agricultural, forestry, fishing, hunting	12 Utilities
	03 Construction	13 Wholesale trade
	04 Finance and insurance	14 Business services
	05 Information, publishing and communications	15 Professional services
	06 Manufacturing	16 Education and health-care services
	07 Mining	17 Nonprofit organization
	08 Real estate	18 Government
	09 Rental and leasing	19 Not a business (explain) _____
	10 Retail trade	20 Other (explain) _____

**Reason for exemption.** Circle the letter that identifies the reason for the exemption.

Reason for exemption	A Federal government (department) _____	I Agricultural production
	B Specific government exemption (from list on back) _____	J Industrial production/manufacturing
	C Tribal government (name) _____	K Direct pay authorization
	D Foreign diplomat # _____	L <del>Multi-MPU exemption is no longer valid for computer software. repealed March 8, 2008</del>
	E Charitable organization # _____	M Direct mail
	F Educational organization # _____	N Other (enter number from back page) _____
	G Religious organization # _____	O Percentage exemption
	H Resale	<input type="checkbox"/> Advertising (enter percentage) _____ %
		<input type="checkbox"/> Utilities (enter percentage) _____ %

**Sign here** I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Signature of authorized purchaser _____	Print name here _____	Title _____	Date _____
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