## Ag Partners Account Application



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

Please complete and return 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.

Please be sure to update your tax filing information if/when it changes. This can be done any time of year.

This paperwork can be returned to any Ag Partners location, mailed to P.O. Box 218 Goodhue, MN 55027, or faxed to 651-923-4064.

If you have questions please contact Rachel or Brian at: 651-923-4496 (Goodhue office) or e-mail <u>rachel.leffingwell@agpartners.net</u> or <u>brian.hokanson@agpartners.net</u>.

## AG PARTNERS ACCOUNT APPLICATION AND REVOLVING CREDIT AGREEMENT

LAST NAME FIRST		MIDDLE INITIAL		SOCIAL SECURITY NUMBER		HOME PHONE	
							CELL PHONE
STREET ADDRESS		CITY	STATE	ZIP CODE	YEARS AT ADDRESS	OWN	DATE OF BIRTH
						RENT	
PREVIOUS ADDRESS		CITY	STATE	ZIP CODE	YEARS AT ADDRESS		NO. OF DEPENDENDENTS
						(INCLUDE YOURSELF)	
EMAIL ADDRESS							
PRESENT EMPLOYER			YEARS THE	ERE	POSITION (IF SELF-EMPLOYED - NATURE OF BUSINESS)		
ADDRESS CITY			STATE	ZIP CODE			BUSINESS PHONE
NAME OF SPOUSE			NAME AND	NAME AND PHONE NUMBER OF CLOSEST RELATIVE NOT LIVING WITH YOU			
CREDIT REF	ERENCES		I.				
			ACCOUNT NUMBER		PHONE NUMBER		ADDRESS
LOAN	NAME OF BANK		ACCOUNT NUMBER		PHONE NUMBER		ADDRESS
TVDE OE AC	COLINIT						
TYPE OF ACCOUNT  AGRONOMY LIVESTOCK FEED PETROLEUM / LP ALL							
						7.62	
1.5% (18 must be a further or 2. If any particular against a 3. Ag Partner release n signed or Partners terms. The	cash at the time of so per annum)will be received in the office edit will be extended at of the outstanding but I may sign, I will be collect include the rigury money or right where Coop shall have the from my obligation ontain all the agreeme Coop shall be a waive stated In this apparatus of the coop shall be a waive stated In the coop shall be a waive stated In the coop shall be a waive stated In the coop shall be a waive shall be a waive stated In the coop shall be a waive	added to all account on or before the last to the customer untile balance on the bill have in default and Ag Fint to sue me for the lich Ag Partners owe the right to limit or te is to pay any amount ents between Ag Parer of its right to act its ecurity Agreement we blication is correct to	ts over 30 days past day of each month I the account is pail as been owed for more arrivers. Coop may balance due; to exest o me, and to color minate this Revolves which I owe to Artners Coop and men the future. Each phich I have signed the best of my known the best of my known the signed of the	st due on the st due on the st due on the state of the st	days, or if I breach the rights to collect withouths under any Security exists costs of collection agreement at any time. Coop. This agreement al representations have signs this Agreement erned by the laws of N	illing. To a the end of the end o	void a finance charge, accounts of the second billing period, no and Credit Agreement or any Security notice to me. Ag Partners Coop's ents which I have signed; to set off attorney's fees.  ination of this agreement shall not security Agreement which I have dee to me. No failure to act by Ag intly and severally liable under its
APPLICANT'S SIGNATURE			DATE	DATE			
					mance under this Agre s Coop's costs of collec		Partners Coop may enforce this uding attorney's fees).
GUARANTOR'S SIGNATURE			DATE				
GUARANTOR'S SIGNATURE			DATE				