

COOPERATIVE PRODUCERS, INC.

P.O. Box 1008
Hastings, Nebraska 68902-1008

APPLICATION FOR ACCOUNT

SECTION 1 – TYPE OF APPLICANT

(Circle One) Sole Proprietor Partnership Corporation Limited Liability Company

SECTION 2 – INFORMATION REGARDING APPLICANT

Name(Last) _____ (First) _____ (Middle): _____

Present Address: _____ City _____ State _____ Zip _____

Telephone: _____ Cell _____ Email: _____

Social Security or Tax ID Number: _____ Birth Date/Incorporation Date: _____

Continuously farming since year: _____ Number of Acres: _____ County _____ Legal Description: _____

Livestock: [] Yes [] No Please check: [] Cattle [] Sheep [] Hogs

Products intended to purchase: (circle all that apply) Amount of credit requested \$ _____

Cardrol fuels Chemicals Feed Fertilizer Fuels

Gasoline Propane Seed Tires/Batteries

Other Employment:

Employer: _____ How long employed _____

Employer Address _____ Phone _____

SECTION 3 – INFORMATION REGARDING JOINT APPLICANT (Use separate sheets if necessary.)

Full Name (Last, First, Middle): _____ Birth Date: _____ SSN/Tax ID: _____

Address: _____ Relationship to Applicant (if any): _____

SECTION 4 – MARITAL STATUS (Circle One) (Unmarried includes single, divorced and widowed)

Applicant: Married Separated Unmarried Spouse Name: _____ SSN: _____

SECTION 5 – LIMITED FINANCIAL INFORMATION

Gross Farm/Business Income (most recent full year) \$	Applicant's Total Assets: \$
Amount of Annual Debt Service Payments: \$	Applicant's Total Liabilities: \$
List Names of Creditors and Amounts Owed to Each:	List Other Income and Source(s)(annual gross from sources other than farming): \$

SECTION 6 – CREDIT REFERENCES (A MUST FOR BUSINESSES OR FARMING CORPORATION)

Reference	Address	City	State
Ref. 1 _____	_____	_____	_____
Zip _____	Phone _____	Fax _____	Account _____
	Number _____	Number _____	Number: _____
Reference	Address	City	State
Ref. 2 _____	_____	_____	_____
Zip _____	Phone _____	Fax _____	Account _____
	Number _____	Number _____	Number: _____
Reference	Address	City	State
Ref. 2 _____	_____	_____	_____
Zip _____	Phone _____	Fax _____	Account _____
	Number _____	Number _____	Number: _____

SECTION 7 – ADDITIONAL INFORMATION

	<u>Applicant</u>		<u>Joint Applicant</u>	
Are there any judgments against you?	Yes _____	No _____	Yes _____	No _____
Have you declared bankruptcy in the last 14 years?	Yes _____	No _____	Yes _____	No _____
Are you a party to a lawsuit?	Yes _____	No _____	Yes _____	No _____
Are any of your taxes delinquent or under dispute?	Yes _____	No _____	Yes _____	No _____
Are you delinquent on any accounts payable, including cash rent?	Yes _____	No _____	Yes _____	No _____
Are you contingently liable (as a guarantor or otherwise) on any debts?	Yes _____	No _____	Yes _____	No _____
Does anyone possess a lien or security interest on your property?	Yes _____	No _____	Yes _____	No _____
Does anyone possess a lien or security interest on your crops?	Yes _____	No _____	Yes _____	No _____

If yes to any question, please explain and/or indicate the name and address of the party, and for what amounts? _____

Everything that I have stated in this Application is correct as of the date listed below to the best of my knowledge. I understand that in making a decision on my Application CPI is relying on this information. I understand that CPI will retain this Application whether or not it is approved. CPI is hereby authorized to check my credit and employment history and is released to answer questions about CPI's credit experience with me. I understand and agree that a facsimile of this Application and my signature thereon shall be deemed an original. Applicants mailing their application back to CPI must have their signature NOTORIZED to comply with the Red Flags Identity Theft Federal Regulation at 16 C.F.R. 681.2 et seq.

Applicant's Signature _____ Date _____ Joint Applicant's Signature _____ Date _____

Notary Public _____ Date _____

-----FOR OFFICE USE ONLY-----

Employee Submitting Application _____ Date _____

Comments _____ Sales Agronomist _____

Identification verified by picture ID? () YES Type of Identification _____

() Newsletter () Key Producer Identification number _____

TO BE COMPLETED BY CREDIT MANAGER

Account Approved (circle) Yes No Credit Limit \$ _____

Signed _____ Date _____

Memo _____

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Credit Policy

CPI offers convenience credit to qualified patrons. Convenience credit should not be construed as a line of credit for long term financing. Patrons using convenience credit must follow the terms of this Policy and associated credit agreements or forms in order to remain eligible for convenience credit. CPI considers the extension of convenience credit as a service to the patrons and not as a right. CPI reserves the right to deny or limit the extension of credit to any patron when such denial or limit is in the best interest of CPI.

In the event that a patron has a concern about the administration of the credit policy or practices of CPI, he or she shall prepare a written statement of the grievance for review by CPI.

Every patron who does business with CPI shall be deemed to have agreed to be bound by the provisions of this credit policy. The Credit Policy of CPI is subject to change by the Board of Directors without prior notice.

Provisions of the Credit Policy:

- A. Patrons may be required to complete a Credit Application and accompanying information before CPI extends convenience credit.
- B. Patrons approved for convenience credit are expected to pay their account balances upon receipt of their periodic statement. A monthly interest charge of 1.33% will be imposed on account balances not paid by the 30th day following the date of billing; provided that a different interest rate and accrual date may apply to accounts of corporations, partnerships, limited liability companies and trusts and for accounts greater than \$25,000.
- C. The balance subject to the interest charge will be the previous month's balance with deductions for payments and credits received since the previous billing date to the last day of the month following the date of billing.
- D. All statements rendered by CPI will be conclusive as to the goods and/or services purchased and the charges therefore. Patrons may, within 10 days of receipt of a periodic statement, give CPI written notice of the patron's belief that the statement is in error. If such notice is received, CPI will, within 30 days, correct the statement or provide material supporting the amounts included in the statement.
- E. No credit will be extended when an account remains unpaid more than 60 days past the first date of billing. CPI further reserves the right to terminate credit sales at any time without prior notification. The patron's return to credit status following the termination of credit sales will be solely at the discretion of CPI and will be under such terms as the CPI may require.

- F. Each patron shall personally guarantee payment of all accounts of any corporation, partnership or other business entity in which the patron has a direct financial interest. If any one of the accounts for which the patron is responsible becomes delinquent, CPI may terminate the extension of credit for all such accounts and demand immediate payment of all such accounts.
- G. A patron may identify for CPI those persons authorized to make purchases of products and services on credit. Unless otherwise informed, CPI shall be permitted to presume that all persons representing the patron are so authorized.
- H. CPI may offset and apply any amounts it may from time to time owe the patron, including, but not limited to, amounts owed for the purchases of grain against any unpaid credit balance of the patron or payroll sums due.
Refer to E. above if the patron's credit has been terminated.
- I. Pursuant to the By-laws of CPI, CPI has a first lien in the membership and other equities of any member or patron in the Co-op to the extent of any unpaid credit balance.
- J. CPI may assess a reasonable charge to offset the additional costs incurred by CPI when a patron pays all or a portion of his convenience credit account balance by credit card. Such charges shall be added to the patron's convenience credit account balance prior to completing the credit card payment transaction.
- K. Delivery Program for Propane for Home Heating.
- 30-day convenience credit payable by the following 25th of the month.
 - Propane delivery charged to the accounts receivable must be paid prior to the charge of another propane delivery.
 - Propane deliveries are to be made on a route basis during scheduled delivery hours; all other deliveries will be subject to additional charges as outlined below.
 - Delivery hours are Monday through Friday 8:00 a.m. to 5:00 p.m.
 - **Service Charge** - \$50.00 will be applied for after hour, emergency delivery, Saturday, Sunday, Holiday or less than 3-day advance notice delivery.
 - **Minimal Delivery Charge** – additional \$50.00 charge will be applied for delivery of less than 300 gallons with less than 3-day notice.
 - **Out of gas calls** – must have a leak/pressure test done before tank can be put back into service. This has to be done by a CEPT trained service man. There is a \$50.00 charge, plus parts and labor.
 - **Home Heating Customers** – required to have a Home Gas System/Leak Check Inspections every 5 years.
 - **Prepay Home Heating Plan** – available seasonally.

Based upon the credit requirements of a patron and the need of CPI to limit its risk, the CPI may establish other credit terms, require security and participate in shared financing arrangements.

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CONSENT AGREEMENT

(Required by IRS for Patronage Refund Purposes)

To: Cooperative Producers, Inc., Hastings, Nebraska, "the cooperative".

The undersigned patron of the Cooperative, effective on the beginning of the fiscal year of the Cooperative, December 1, 2006, consents that the amount of any distribution with respect to my (our) patronage occurring after that date, which are made in written notices of allocation (as defined in 26 U.S.C. 1388) and which are received by me (us) from the Cooperative will be taken into account by me (us) at their stated dollar amounts in the manner provided in 26 U.S.C. 1385 (a) in the taxable year in which such written notices of allocation are received by me (us).

This agreement shall be effective with respect to all patronage occurring during the taxable year of the Cooperative in which this consent is received by the Cooperative and unless revoked under Section 1388 (c) (3) (B), for all subsequent taxable years.

This agreement may be revoked by me (us) at any time in writing and signed by me (us). Such revocation, when given to the Cooperative, shall be effective only with respect to patronage occurring after the close of the taxable year of the Cooperative during which the revocation is filed with it.

Name: _____

(Please Print)

Signature: _____

Date: _____

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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 FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	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 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
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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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.