ACCOUNT APPLICATION and AGREEMENT

Also for: • Reinstatement of credit privileges • Increase in credit line • Account updates

ALLIED COOPERATIVE® 2327 W Veterans Pkwy • PO Box 988 • Marshfield, WI 54449
800.236.1041 *Press* 3 • allied.coop • credit@allied.coop • fax 715.687.4126

THIS BOX FOR OFFICE USE ONLY

Employee Name: _____

Dept#/Location: _____

☐ New Account (or)
☐ Update Existing Account

Customer #: _____

Credit Limit $ _____

Reviewed by: _____

Date Reviewed: _____

Note: _____

1 ACCOUNT INFORMATION SELECT AND COMPLETE APPLICABLE

☐ **Cash Account** (or)
☐ **Credit/Charge Account**
Amount of credit needed:

$ _____

Account Type:
☐ **Agricultural**
☐ **Consumer**
☐ **Commercial**
☐ **Other**: _____

Business account, please select applicable:
☐ **Sole Proprietorship**
☐ **Limited Liability Company**
☐ **Partnership**
☐ **Corporation**
☐ **Non-Profit**
☐ **Limited Liability Partnership**
☐ **Governmental**
☐ **Other**: _____

Please check the departments you plan to purchase from:
☐ **Agronomy** ☐ **Feed** ☐ **Grain** ☐ **Fuel**
☐ **C-Store:** Number of cards needed? _____
☐ **Ace Hardware** ☐ **NAPA**
☐ **LP Gas:** Tank address: _____
☐ New leased tank set
☐ Customer-Owned tank
☐ Purchased property with leased tank
☐ Switch out: Previous supplier? _____
☐ **Other Dept**: _____

2 PRIMARY APPLICANT INFORMATION INDIVIDUAL/GUARANTOR

ALL APPLICANTS ARE SUBJECT TO CREDIT CHECKS. If applicant is applying for a business account, the authorized person completing this application must also provide their name and social security number. Such persons understand they are also considered to be an applicant and that they will be required to sign personally as a borrower. All business accounts must attach a list of each owner's name, social security number, and address.

First Name: MI: Last Name: Social Security Number: Date of Birth: / /

Address: City: State: Zip: Years at present address ☐ Rent ☐ Own

Phone: Cell: Email: ☐ Check to receive email statements

Employer: Position (if self-employed, nature of business): Years there: Monthly gross income (excluding spouse):

3 CO-APPLICANT / PARTNER RELATIONSHIP TO PRIMARY APPLICANT (IF APPLICABLE): _____

COMPLETE THIS PART ONLY IF: (1) Another person will use the account. Such person must also sign the application and will be jointly obligated on the account, or (2) you are relying on income derived from a spouse or former spouse including child support, alimony or maintenance payments for repayment of the account.

First Name: MI: Last Name: Social Security Number: Date of Birth: / /

Address: City: State: Zip: Years at present address ☐ Rent ☐ Own

Phone: Cell: Email: ☐ Check to receive email statements

Employer: Position (if self-employed, nature of business): Years there: Monthly gross income (excluding spouse):

4 SPOUSE INFORMATION ☐ Married ☐ Unmarried COMPLETE THIS SECTION IF PRIMARY APPLICANT IS MARRIED

NOTICE TO MARRIED APPLICANTS: No provision of any marital property agreement, unilateral statement under s.766.59, Wis. Stats,. or court decree under s.766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to said creditor is incurred. For married Wisconsin resident: If I am married, a Wisconsin resident, and applying for an individual account, I agree that credit extended under this account if granted, will be incurred in the interest of my marriage or family.

Name of Spouse: Address:

5 BUSINESS INFORMATION REQUIRES OWNER AS PRIMARY APPLICANT. INCLUDE ADDITIONAL OWNERS (ATTACH SHEET IF NEEDED). CONTACT PERSON: _____

Business Legal Name: Tax ID Number: Date of formation: Formed under state law of:

Address: P.O. Box: City: State: Zip:

Phone: Cell: Email: ☐ Check to receive email statements

Length of time of present ownership: Previous Customer: ☐ Yes ☐ No If yes, under what name?

Name & Title: Home Address: SSN: % Shares Owned:

Name & Title: Home Address: SSN: % Shares Owned:

Name & Title: Home Address: SSN: % Shares Owned:

6 TRADE / CREDIT REFERENCE SEE INDEMNIFICATION PROVISION ON REVERSE SIDE

Bank/Landlord/Mortgage Holder: Address: Phone:

Previous supplier, reason for switching: Address: Phone:

Supplier: Address: Phone:

7 FARM / BUSINESS OPERATION INFORMATION

Acres owned / #: Acres rented / #: Crops grown:

Livestock raised: ☐ Dairy / #: ☐ Hogs / #: ☐ Steers / #: ☐ Other / #:

Total Farm/business Assets: $ Total Farm/business liabilities: $ Gross sales: $

Everything that I have stated in this application is correct to the best of my knowledge. The undersigned consents Provision Partners Cooperative, Allied Cooperative® obtaining a consumer credit report on the guarantor of this account applications credit worthiness of the above mention business, in connections with this application. I understand that you will retain this application whether or not it is approved. The applicant grants permission to co-op and any reference above named to answer any co-op inquiry, and the applicant shall indemnify and hold the co-op or any reference harmless from litigation, claims, damages, or judgments brought by applicant or beneficiary for making inquiries with references, answers furnished by references, or co-op's decision not to extend credit based on those answers. The applicant shall hold the co-op harmless from the receipt and use of credit reports about the applicant or the applicant's guarantor. I have read and understand this agreement, including the reverse side. Facsimile signatures or an electronic reply to an e-mail from the cooperative shall be deemed original signatures for all purposes related to this agreement. **Important:** please review the reverse side of this page and attached documents if any before signing this agreement.

I certify that I am duly authorized to sign this agreement and to thereby bind the person(s) on whose behalf I am signing.

Primary Applicant's Signature (in addition to the applicant's signature)
X _____ Date _____

Co-Applicant/Partner Signature
X _____ Date _____

Applicant's Signature (required)
X _____ Date _____

CREDIT EXTENSION AGREEMENT

	THIS AGREEMENT INCLUDES THE ENTIRE PAGE
When finance charge accrual starts?	A co-op patron has 30 days from the closing date to pay the new balance before finance charges will accrue on the account.
Is there a time period during which credit may be repaid without incurring a finance charge?	Yes. Finance charges will be imposed on any new purchases only if they are not paid in full by the end of the month following the closing date.
What is the finance charge rate?	A periodic rate of 1.5% per month is charged on all balances still owing on the 1st day of the second month following the month in which credit was extended. THE ANNUAL PERCENTAGE RATE IS 18%.
Method used to figure the balance on which the finance charge will be computed?	Credits and payments are deducted from owing finance charges first, and, second, from the previous past due balance to arrive at the new past due balance on which the finance charge for the following month is computed.
How will the finance charge be determined?	Finance charges are computed on the average outstanding balance for the period.
Are there other charges in addition to the finance charge?	The Co-op charges an NSF charge of $35 per check. The Co-op may recover its attorneys fees and other costs associated with collecting amounts owed the Co-op as provided more fully below under recovery of attorneys fees and collections costs.
Does the Co-op take a security interest?	Usually not, but there are cases when the Co-op will request a perfected interest either in the things you are purchasing and/or in other collateral you have an interest in. If additional security is requested, it will secure previous credit extended plus credit extended in the future as well.
Does the Co-op have a first lien on your equity in the Co-op and the right to offset against it?	Yes. Part of the Co-op's earnings are distributed to qualifying patrons in the form of equities, which are eventually revolved according to policies established by the Board of Directors. The Co-op's Articles of Incorporation give the Co-op a first lien on any equities you earn from patronizing the Co-op, and the Co-op has a right of offset plus the right to discount your equities in the event that the lien or offset rights are exercised. You cannot require the Co-op to exercise these lien or offset provisions.
Is there a point where your payment terms will be cash on delivery (COD) if your account is not paid?	Yes. Accounts must be paid in full within 30 days after the closing date, and if the account is not paid, you may be required to pay cash for purchases thereafter. In addition, the Co-op reserves the right to place any account holder on immediate COD anytime the Co-op has reasonable belief that repayment will not be made in accordance with the credit policy, or if the Co-op does not want to extend credit for any reason that is not otherwise unlawful. Exceptions may be negotiated with the approval of the Co-op's management.
Is there a minimum amount due?	Yes. The Co-op is not in the business of providing financing to its customers. The Co-op provides convenience credit, and the credit policy requires payment of the account in full by the end of the month following the closing date. The Co-op may, but is not obligated to, continue extending credit to those who do not pay their account in accordance with the Co-op's credit policy. Send payments to PO Box 988, Marshfield, WI 54449.
When is there a default and when can the Co-op accelerate repayment of the entire amount owed? Can the Co-op stop extending credit before the occurrence of a default?	A default occurs upon the failure to pay any amount owed when due. If a default occurs, the Co-op reserves the right and may stop extending further credit at any time the Co-op is concerned that repayment of further amounts extended on credit are beyond your capacity to repay. In addition, if you do not cure a default within fifteen days after receiving written notice of the default, the Co-op may accelerate all amounts owed and sue for collection of the account plus all allowable costs, all in the discretion of management. The Co-op does not waive a right by failing to enforce a right under this agreement or any law.
L.P. Gas Tank Lease Cross Default	Any default if payment of the credit extended by the Co-op will trigger an immediate cross-default in your L.P. Gas tank lease, if any, in existence at the time of the default.

WISCONSIN CONSUMER ACT

All parties agree that this account is governed by the provisions of the Wisconsin Consumer Act, as amended unless exempted by §421.202, and the Co-op may amend the terms of this account with fifteen (15) days notice to the customer, except that notice of ninety (90) days is required for changes which are adverse to the customer with respect to outstanding balances, or which alters a permitted additional charge.

THE AGREEMENT

If the Co-op extends credit to the applicant, the applicant agrees to abide by all the terms of the Co-op's credit plan and policy as they are contained herein (including the reverse side and the attached pages) including those made by illustration under any disclosure contained herein. I/We will pay the price (including taxes) of goods and services charged to this account, together with applicable FINANCE CHARGES, and abide by other obligations imposed by this agreement. This agreement applies to all unpaid charges incurred prior to the date of this agreement and all future charges.

TAX WITHHOLDING CERTIFICATE: Under penalties of perjury, the account holder certifies that:

(1) The taxpayer identification number shown on this form is the account holder's correct taxpayer identification number and (2) the account holder is not subject to backup withholding either because the account holder has not been notified that the account holder is subject to backup withholding as a result of a failure to report all interest or dividends, or because the Internal Revenue Service has notified the account holder that the account holder is no longer subject to backup withholding.

Failure to provide a taxpayer identification number may subject the account to backup withholding.

CONSENT TO DECLARATION OF PATRONAGE REFUNDS

By signing this agreement, I hereby consent to include in my gross income (or the gross income of the entity that I sign this form on behalf of), as now or hereafter provided in the federal income tax laws, the stated dollar amount of each written notice of allocation which I or it receives from the ProVision Partners Cooperative DBA Allied Cooperative, with respect to my or its patronage occurring during the current and all subsequent taxable years of this cooperative. This individual consent shall be revocable by me or it at any time if in writing.

YOUR BILLING RIGHTS UNDER THE FAIR CREDIT BILLING ACT

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

1. Notify Us In Case of Errors or Questions About Your Bill.

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address listed on your bill. In order to protect your rights, we must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, provide us the following information: (1) Your name and account number (2) The dollar amount of the suspected error and (3) Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe item you are not sure about.

2. Your Rights and Our Responsibilities After We Receive Your Written Notice.

We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the bill was correct.

After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount you question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. If we find that we made a mistake on your bill, you will not have to pay any finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within 10 days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. And, we must tell you the name of anyone we reported you to. We must tell anyone we report you to that the matter has been settled between us when it finally is.

If we don't follow these rules, we can't collect the first $50 of the questioned amount, even if your bill was correct.

RECOVERY OF ATTORNEYS FEES AND COLLECTION COSTS: In the event the Co-op initiates collection proceedings to collect amounts due on open account for agricultural or commercial purchases, all costs of collection and reasonable attorney's fees incurred or paid by the Co-op in order to collect the amount due shall be added to the amount due and paid by Customer and unless prohibited by law. This agreement applies to all unpaid charges incurred prior to the date of this agreement and all future charges.

INDEMNIFICATION OF CO-OP FOR INQUIRING WITH EMPLOYMENT/TRADE/CREDIT REFERENCES: The applicant grants permission to Co-op and any reference above named to answer any Co-op inquiry, and the applicant shall indemnify and hold the Co-op or any references harmless from litigation, claims, damages, or judgments brought by applicant or beneficiary for making inquiries with references, answers furnished by references, or Co-op's decision not to extend credit based on those answers. The Applicant shall hold the Co-op harmless from the receipt and use of credit reports about the applicant or the applicant's guarantor.

YOUR FAILURE TO INFORM CO-OP OF ADDRESS CHANGES OR KEEP ADDRESS CURRENT: If you fail to keep your address current or inform the Co-op of changes in your address, you agree that the Co-op may deem any equity the Co-op previously allocated to you, that was not or is not called for payment or then payable, to be contributed from your account to the Co-op's unallocated surplus.

GRANT OF SECURITY AGREEMENT: If credit is approved and extended, the applicants grants a continuing security interest to ProVision Partners Cooperative DBA Allied Cooperative in all assets, including but not limited to all equipment, fixtures, livestock and inventories now owned or hereafter acquired, all offspring, all crops growing, to be grown and/or harvested; and for all the above the proceeds and accessions in value. The applicant authorizes the Cooperative to perfect its security interest by filing financing statements, notifying prospective buyers, and taking other necessary actions to perfect the Cooperative's security interest in all applicant's assets.

IMPORTANT NOTICE TO OUR AGRONOMY CUSTOMERS

Herbicide and pesticide pre-application and post-application information is available online at www.allied.coop. Click on the AGRONOMY tab, then link in the CROP PROTECTION section. If web access is not available and you would like a hard copy, call 608-339-3698 or toll-free 800-331-3073.

DISCLAIMER OF ALL WARRANTIES

THE CO-OP MAKES NO WARRANTY OF ITS PRODUCT, EXPRESS OR IMPLIED, INCLUDING MERCHANTABILITY AND FITNESS FOR A SPECIFIC PURPOSE, EXCEPT AS OTHERWISE REQUIRED OR PROVIDED BY LAW

PERSONAL GUARANTY

FOR BUSINESS ACCOUNTS ONLY

All business applications must have a signed and dated personal guaranty attached.

Company Name: _____

Address: _____ City: _____ State: _____

I, _____, and I, _____, for and in consideration of your
(1. Owner or Principal Partner) *(2. Owner or Principal Partner)*

extending credit at my request to_____ (hereinafter referred to as the "Company"), of which I hereby
(Name of Company)

personally guarantee to ProVision Partners Cooperative a/k/a/ Allied Cooperative® the payment at 2327 W Veterans Pkwy, PO Box 988, Marshfield, Wisconsin of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. This Guarantee will continue unchanged by any bankruptcy, reorganization or insolvency of the Company or any successor or assignee thereof or any disaffirmance or abandonment by a trustee of Business. In the event that collection becomes necessary, I agree to pay all of the Co-op's costs of collection including, but not limited to, its actual Attorney's fees."

Signature: _____Date: _____

Print Name: _____Title: _____

Home Address: _____ City: _____ State: _____

Signature: _____Date: _____

Print Name: _____Title: _____

Home Address: _____ City: _____ State: _____

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SIGN-UP TO RECEIVE YOUR STATEMENTS AND INVOICES VIA EMAIL!

Email statements save you on mail delays and saves your co-op on postage, paper and labor costs. It is also better for the environment!

Please allow up to five business days for your account to be setup for emailed statements and/or invoices. Once set-up you will no longer receive paper statements.

To sign-up, go to **allied.coop/credit**

If you have a questions, contact **credit@allied.coop** or call **715-387-1291, ext. 3**

Wisconsin Sales and Use Tax Exemption Certificate

Form S-211

Do not send this certificate to the Department of Revenue

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.

Check One ► ☐ Single Purchase ☑ Continuous

Purchaser Information

Business Name		Type of Business	
Business Address	City	State	ZIP Code
Purchaser's Tax ID Number		State of Issue	
If no Tax ID Number, enter one of the following:	FEIN	Driver's License Number/State Issued ID Number	State of Issue

Seller Information

Name			
PROVISION PARTNERS COOPERATIVE – ALLIED COOPERATIVE ®			
Address	City	State	ZIP Code
540 S MAIN ST, PO BOX 729	ADAMS	WI	53910

Reason for Exemption

☐ **Resale** (Enter purchaser's seller's permit or use tax certificate number) _____

Manufacturing and Biotechnology

☐ Tangible personal property (TPP) or item under s.77.52(1)(b) that is used exclusively and directly by a manufacturer in manufacturing an article of TPP or items or property under s.77.52(1)(b) or (c) that is destined for sale and that becomes an ingredient or component part of the article of TPP or items or property under s.77.52(1)(b) or (c) destined for sale or is consumed or destroyed or loses its identity in manufacturing the article of TPP or items or property under s.77.52(1)(b) or (c) destined for sale.

☐ Machines and specific processing equipment and repair parts or replacements thereof, exclusively and directly used by a manufacturer in manufacturing tangible personal property or items or property under s.77.52(1)(b) or (c) and safety attachments for those machines and equipment.

☐ The repair, service, alteration, fitting, cleaning, painting, coating, towing, inspection, and maintenance of machines and specific processing equipment, that the above purchaser would be authorized to purchase without sales or use tax, at the time the service is performed. Tools used to repair exempt machines are not exempt.

☐ Fuel and electricity consumed in manufacturing tangible personal property or items or property under s.77.52(1)(b) or (c) in this state.
Percent of fuel exempt: _____ % Percent of electricity exempt: _____ %

☐ Portion of the amount of fuel converted to steam for purposes of resale. Percent of fuel exempt: _____ %

☐ Property used exclusively and directly in qualified research, by persons engaged in manufacturing at a building assessed under s. 70.995, by persons engaged primarily in biotechnology in Wisconsin, or a combined group member conducting qualified research for another combined group member that meets these requirements.

Farming

(To qualify for this exemption, the purchaser must use item(s) exclusively and directly in the business of farming, including dairy farming, agriculture, horticulture, floriculture, silviculture, beekeeping or custom farming services.)

☐ Tractors (except lawn and garden tractors), all-terrain vehicles (ATV) and farm machines, including accessories, attachments, and parts, lubricants, nonpowered equipment, and other tangible personal property or items or property under s.77.52(1)(b) or (c) that are used exclusively and directly, or are consumed or lose their identities in the business of farming. This includes services to the property and items above.

☐ Feed, seeds for planting, plants, fertilizer, soil conditioners, sprays, pesticides, and fungicides.

☐ Breeding and other livestock, poultry, farm work stock, bees, beehives and bee combs.

☐ Containers for fruits, vegetables, bee products, grain, hay, and silage (including containers used to transfer merchandise to customers), and plastic bags, sleeves, and sheeting used to store or cover hay and silage. Baling twine and baling wire.

☐ Animal waste containers or component parts thereof (may only mark certificate as "Single Purchase").

☐ Animal bedding, drugs for farm livestock or bees, and milk house supplies.

This Form May Be Reproduced

Governmental Units and Other Exempt Entities

Enter CES No., if applicable

- ☐ The United States and its unincorporated agencies and instrumentalities.
- ☐ Any federally recognized American Indian tribe or band in this state.
- ☐ Wisconsin state and local governmental units, including the State of Wisconsin or any agency thereof, Wisconsin counties, cities, villages, or towns, and Wisconsin public schools, school districts, universities, or technical college districts.
- ☐ Organizations meeting the requirements of section 501(c)(3) of the Internal Revenue Code. Wisconsin organizations must enter a CES number above.

Other

- ☐ Containers and other packaging, packing, and shipping materials, used to transfer merchandise to customers of the purchaser.
- ☐ Trailers and accessories, attachments, parts, supplies, materials, and service for motor trucks, tractors, and trailers which are used exclusively in common or contract carriage under LC, IC, or MC No. (if applicable) _____.
- ☐ Machines and specific processing equipment used exclusively and directly in a fertilizer blending, feed milling, or grain drying operation, including repair parts, replacements, and safety attachments.
- ☐ Building materials acquired solely for and used solely in the construction or repair of holding structures used for weighing and dropping feed or fertilizer ingredients into a mixer or for storage of such grain, if such structures are used in a fertilizer blending, feed milling, or grain drying operation.
- ☐ Tangible personal property purchased by a person who is licensed to operate a commercial radio or television station in Wisconsin, if the property is used exclusively and directly in the origination or integration of various sources of program material for commercial radio or television transmissions that are generally available to the public free of charge without a subscription or service agreement.
- ☐ Fuel and electricity consumed in the origination or integration of various sources of program material for commercial radio or television transmissions that are generally available to the public free of charge without a subscription or service agreement.

  Percent of fuel exempt: _____ % Percent of electricity exempt: _____ %
- ☐ Tangible personal property, property, items and goods under s.77.52(1)(b), (c), and (d), or services purchased by a Native American with enrollment # _____, who is enrolled with and resides on the _____ Reservation, where buyer will take possession of such property, items, goods, or services.
- ☐ Tangible personal property and items and property under s.77.52(1)(b) and (c) becoming a component of an industrial or municipal waste treatment facility, including replacement parts, chemicals, and supplies used or consumed in operating the facility. Caution: Do not check the "continuous" box at the top of page 1.
- ☐ Portion of the amount of electricity or natural gas used or consumed in an industrial waste treatment facility. (Percent of electricity or natural gas exempt _____ %)
- ☐ Electricity, natural gas, fuel oil, propane, coal, steam, corn, and wood (including wood pellets which are 100% wood) used for fuel for **residential** or **farm** use.

	% of Electricity Exempt	% of Natural Gas Exempt	% of Fuel Exempt
☐ Residential	_____%	_____%	_____%
☐ Farm	_____%	_____%	_____%

  Address Delivered: _____
- ☐ Percent of printed advertising material solely for out-of-state use. _____%
- ☐ Catalogs, and the envelopes in which the catalogs are mailed, that are designed to advertise and promote the sale of merchandise or to advertise the services of individual business firms.
- ☐ Computers and servers used primarily to store copies of the product that are sent to a digital printer, a plate-making machine, or a printing press or are used primarily in prepress or postpress activities, by persons whose NAICS code is 323111, 323117, or 323120.
- ☐ Purchases from out-of-state sellers of tangible personal property that are temporarily stored, remain idle, and not used in this state and that are then delivered and used solely outside this state, by persons whose NAICS code is 323111, 323117, or 323120.
- ☐ Other purchases exempted by law. (State items and exemption). _____

(DETACH AND PRESENT TO SELLER)

I declare that the information provided is complete and accurate to the best of my knowledge, and that the product(s) purchased will be used in the exempt manner indicated. If a product is not used in an exempt manner, I will remit use tax on the purchase price at the time of first taxable use. I understand that failure to remit the use tax may result in a future liability, including tax, interest, and penalty.

CAUTION: Using this certificate to avoid paying sales tax may result in a fine of $250 for each transaction for which the certificate is used

Signature of Purchaser	Print or Type Name	Title	Date