



## APPLICATION COVER SHEET AND INSTRUCTIONS

Central Farm Service thanks you for your interest in applying for credit with our cooperative organization. The following pages will need to be **completed in full, signed & dated**, and returned to us via mail, or e-mail scan to begin the process. In addition, if you qualify to **claim exemption from sales tax** on qualifying purchases, Central Farm Service must have a Form ST3 on file. Should you have any questions throughout the process, please call Sue Meyer at (507) 789-1157, or Mark Karlsrud at (507) 621-0614. You may also contact the credit team via e-mail at [credit@cfscoop.com](mailto:credit@cfscoop.com).

Below is some additional information regarding Central Farm Service:

- Central Farm Service was established on March 1, 2016, following the merger between Central Valley Co-op (headquartered in Owatonna, MN) and Watonwan Farm Service (WFS), headquartered in Truman, MN.
- We are a producer owned cooperative that is governed by a board of member directors and operated for the benefit of the patrons that we serve.
- Members in the cooperative earn equity in Central Farm Service and may receive annual dividends based on the type and amount of products purchased.
- Products offered through Central Farm Service include the following:
  - o Agronomy
  - o Refined Fuels
  - o Home heating oil and propane
  - o Cardtrol cards for our gas stations
  - o Grain sales and contracting services
  - o Feed

All information provided to Central Farm Service through the application process is kept in the strictest confidence. In addition, all social security numbers are encrypted in our computer system, and we are in full compliance with the Red Flag Rule to further protect your personal information. If you would prefer to not include your social security, or any identification number, you can call us, and we will enter it in our computer system.

## Points of interest for filling out the application

- Application is only accepted via **scan email or by mail**. Photos of the completed application are not accepted.
- Please complete the application **legibly and with as much information** as possible.
- The name(s) on the application, consent form, and the ST3 **must be the same**.
- Signatures are required following each section of the application.
  - If an **individual** account, sign as normal.
  - If a **business** account, sign with your title (John Doe as President).
- Individuals require a **social security number (SSN) and date of birth** to be eligible for patronage.
- Businesses require a **tax identification number (TIN) and date of origin** to be eligible for patronage.
- Request for cash account or grain accounts are processed **without** pulling a credit bureau report (CBR) or any references.
- **Cash accounts, or cash on delivery (COD)**, are determined by:
  - Requested by applicant
  - Type of business (temporary, out of state)
  - CBR score
  - History with CFS
- **Credit accounts** must be approved per guidelines:
  - If not approved, your account will be entered as COD.
  - Use Fair Trade designation since May 2020
  - Will use references in absence of, or in addition to, CBR information.
- This application is used for **membership, for credit, or for both**.

**Mail Completed Credit Application to:**  
 44125 Hwy 56 Blvd  
 Kenyon, MN 55946  
 Phone: (507) 789-1157  
 www.cfscoop.com



**Office Use Only**  
 Account No. \_\_\_\_\_  
 Date Approved \_\_\_\_\_  
 By Whom \_\_\_\_\_

**CREDIT/MEMBERSHIP APPLICATION AND PAYMENT AGREEMENT**

**Check services being applied for:**

**Agronomy:**  # of Acres \_\_\_\_\_  
**Feed:**  Type of Livestock \_\_\_\_\_  
**Home Heat:** Fuel Oil  LP  Own Tank?  Home Heating Budget Program?: \_\_\_\_\_  
**Petroleum:** Diesel  Gasoline  Oil  Cardrol  # of Cardrol Cards: \_\_\_\_\_  
**Grain:** Contracting  Drying  Other: \_\_\_\_\_

**APPLICANT INFORMATION: TYPE OF ORGANIZATION**

Sole Proprietor  General Partnership  Corporation  LLC  Non-Profit  Limited Partnership  Other: \_\_\_\_\_

**Entity State of Origin:** \_\_\_\_\_

Business Originated (MM/DD/YYYY):		Federal TIN/SS#:		Birth Date (MM/DD/YYYY):	
Last Name:		First Name:		Middle Initial:	
Business Name:		Current Address:		City:	
State:	Zip:	County:	Years at Address:	Rent <input type="checkbox"/>	Own <input type="checkbox"/>
Previous Address (If less than 1 year):			City:	State:	
Zip:	County:		Yrs at Previous Address:		
Phone: ( )		Cell Phone: ( )		Email:	
Present Employer:		# of Yrs:	Position:	Mo. Income:	

**Owners and Spouse/Co-Applicant, Officers, Guarantors, Members or Partners (PLEASE LIST)**

Name	Title	Social Security	Date of Birth

Primary Contact Person \_\_\_\_\_ Contact Number ( ) \_\_\_\_\_

**Trade/Credit References**

	Name	Contact Person	Phone Number	Fax Number
Primary				
Other				
Other				

**Authorization and Certification:** The undersigned hereby affirms under penalty of perjury that everything stated in this application is true and correct and is made by a person who has actual authority to bind the Applicant, for the purpose of securing services from CFS. applicant agrees to notify CFS of any material change in the information given on this Application within ten (10) days of such change. I understand that CFS will retain this application whether or not it is approved. CFS is hereby authorized to: (a) investigate your credit worthiness, including obtaining any information it may require relating to applicant's ability to pay, from any source, including an investigation and release of applicant's credit history from applicant's bank, references, or any credit reporting agency, and (b) obtain applicant's business / employment history. Applicant authorizes CFS to report CFS's credit experience with Applicant to any credit agency. We hereby authorize release of all credit information to CFS.

**Payment Agreement:** If CFS extends credit to applicant, I/We/It to pay for all products and services provided by CFS, at the price (including taxes) of goods and services charged to this account, together with applicable FINANCE CHARGES, and abide by all obligations imposed by this Agreement and all terms of CFS's credit plan and policy. If Applicant fails to pay any invoice within the stated time period, CFS will be entitled to recover from Applicant, in addition to its charges, compound interest at the highest legal rate not to exceed 1.5% per month, plus all costs of collection including all of CFS' attorney fees. These credit terms are subject to CFS' continued or annual review / approval. CFS may in its sole discretion, change credit terms and establish or revise Applicant's credit limit or payment terms. I certify that I am duly authorized to sign this Agreement and to thereby bind the person(s) on whose behalf I am signing. A facsimile or scan of this Agreement containing signatures, or CFS's receipt of an email acknowledgement assenting to this Agreement, shall be deemed original signatures for all purposes related to this Agreement. Applicant agrees that CFS' then current Credit Terms and Conditions (current copy as of the date hereof is set forth on page 4 hereof) shall apply to all products and services provided by CFS to Applicant, and such terms and conditions are hereby incorporated herein.

**Agricultural Producer**  Yes  No

To: CFS, Chairman of the Board of Directors

Please accept this request for membership in Central Farm Service. I/We meet the requirements of membership as stated in Article III, Sec. 3.2, Qualifications of Membership of the Articles of Organization of Central Farm Service. I/We further consent that the amount of any patronage refunds with respect to business with CFS, which are made in written notices of allocation (as defined in 25 U.S.C. 1388) and which are received from the cooperative, will be considered at their stated dollar amounts in the manner provided in 26 U.S.C. 1385 in the taxable year received. I have read and agree to the CFS Credit Terms and Conditions.

\_\_\_\_\_  
**Applicant's Signature** **Date** **Co-Applicant's Signature** **Date**

**INDIVIDUAL CONSENT AND CERTIFICATION OF TAXPAYER I.D. NUMBER** (must be completed to be eligible for patronage dividend)

<b>Name as shown on Federal Tax Return</b>	<b>(Taxpayer ID No., SSN or EIN)</b>	<b>Birth Date</b>
<b>Mailing Address</b>	<b>City</b>	<b>County</b>
	<b>State</b>	<b>Zip Code</b>

Exemption from FATCA reporting code (if any) \_\_\_\_\_

**I hereby consent to include in my gross income, as now or hereafter provided in the federal income tax laws, the stated dollar amount of each written notice of allocation which I receive from Central Farm Service, with respect to my patronage occurring during the current and all subsequent taxable years of their cooperative. This consent shall be revocable by me at any time if in writing.**

**Certification** – Under penalties of perjury, I certify that: (1) The number shown on the form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); (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; (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code entered on this form (if any) indicating that the taxpayer identified above is exempt from FATCA reporting is correct. You are considered a U.S. person if you are: (1) An individual who is a U.S. citizen or U.S. resident alien; (2) A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; (3) An estate (other than a foreign estate); or (4) A domestic trust (as defined in Regulations section 301.7701-7).

**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 of underreporting interest or dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding, you received another notification from the IRS that you are no longer subject to backup withholding, do not cross out item (2). The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

<b>Signature</b>	<b>Date</b>	<b>Phone Number</b>
------------------	-------------	---------------------

**PLEASE COMPLETE THE PERSONAL GUARANTY AGREEMENT IF ENTITY APPLICANT**

**PERSONAL GUARANTY AGREEMENT**  
(if transacting business other than a sole proprietor)

I, (name(s)) \_\_\_\_\_ (collectively, "*Guarantor*") residing at (address) \_\_\_\_\_  
\_\_\_\_\_ for and in consideration of your extending credit to \_\_\_\_\_  
(the "*Company*"), of which I am (title(s)) \_\_\_\_\_ hereby unconditionally: (a) individually and personally guarantee to Central Farm Service ("*CFS*") the prompt payment of any and all obligation of the Company to CFS of any nature, whether under the Credit/Membership Application and Payment Agreement or otherwise, and (b) agree to pay to CFS on written demand, any and all sums which may become due to CFS by the Company, whenever the Company shall fail to pay the same. Guarantor agrees that this Personal Guaranty Agreement ("*PGA*") shall be a continuing and irrevocable personal guaranty of payment and indemnity for all indebtedness of the Company to CFS. Guarantor hereby waives: (c) notice of default, non-payment and notice hereof and consent to any modification or renewal of the credit agreement / arrangement hereby guaranteed; (d) any defense based on or arising out of any defense of the Company other than payment in full of the obligations; and (d) presentment, demand for payment by the Company or anyone else, protest, dishonor, and all other notices and demands.

**PERSONAL OBLIGATION**  
GUARANTOR AGREES TO BE PERSONALLY AND INDIVIDUALLY RESPONSIBLE FOR PAYMENT OF ALL OBLIGATIONS INCURRED AND UNPAID BY SUCH COMPANY TO CFS. THIS IS AN UNQUALIFIED GUARANTY OF PAYMENT AND NOT MERELY PERFORMANCE. In addition to the amounts guaranteed hereunder, Guarantor agrees to pay reasonable attorney's fees and all other costs and expenses incurred by CFS in enforcing this PGA or in any action or proceeding arising out of, or relating to, this PGA. This PGA: (i) is delivered in and made in and shall in all respects be construed pursuant to the laws of the State of Minnesota; and (ii) and each and every part hereof, shall be binding upon Guarantor and upon Guarantor's heirs, administrators, representatives, successors and assigns and shall inure to the benefit of CFS and its successors and assigns.

**Explanation of Personal Obligation**

- (a) You have agreed to pay amounts owing or to become owing in the future as a result of charges made by the Company on its charge account with CFS.
- (b) You will be liable and fully responsible for payment of the above credit obligation even though you may not be entitled to any of the goods, services or loan furnished thereunder.
- (c) You may be sued in court for the payment of the amount due under this consumer credit transaction even though the Company named above may be working or have funds to pay the amount due.
- (d) This explanation is not the agreement under which you are obligated, and the guaranty or agreement you have executed must be consulted for the exact terms of your obligations.
- (e) You are entitled now, or at any time, to one free copy of any document you sign evidencing this transaction.

<b>Guarantor Signature and Title</b>	<b>Date</b>	<b>Guarantor Signature and Title</b>	<b>Date</b>
--------------------------------------	-------------	--------------------------------------	-------------

## CENTRAL FARM SERVICE – CREDIT TERMS & CONDITIONS

The following terms and conditions constitute the legally binding contracts between Central Farm Service (“CFS”) and the Patron. Review this information carefully. The following is also a listing of credit services and options that we offer. In all cases, a credit application must be approved by CFS. CFS may change its credit terms relating to open-end accounts at any time in its sole discretion.

### I. Open Account

- A. Purchases will be billed monthly. The billing cycle closing date is the end of each month, when an itemized statement will be sent.
- B. Minimum periodic payment is payment in full of the balance appearing on the current statement of account, on or before the 20th day of the month of receipt of your statement. Each payment shall be applied first to any unpaid finance charge, then to merchandise and services purchased.
- C. A finance charge of 1.5 % per month (annual rate of eighteen percent (18%) per year) will be applied to that part of any previous balance that on the statement due date was unpaid. Patron agrees to pay for all collection costs, court costs, and attorney's fees to pursue payment of Patron's debt in the event that payment is not received when due.
- D. CFS, pursuant to its Articles of Incorporation and Bylaws, has a security interest on the capital stock and/or equities of CFS held by any Patron for any debt due by that Patron that is deemed uncollectable by CFS.

### II. Cardrol Cards

- A. Local cards may be used only at CFS pump locations. Card can be used only for gas and fuel at the pump island, 24 hours daily. Patron shall be provided a card with instructions upon approval of Patron's application, at the sole discretion of CFS.
- B. Credit terms are net 20 days. Cardrol cards will be locked out on past due accounts or when credit limits are exceeded.
- C. Patron agrees to notify CFS immediately if any Cardrol card issued on your account is lost, stolen, or otherwise used in a manner not authorized by Patron. Patron may be liable for the unauthorized use of Patron's card(s). Patron will not be liable for unauthorized use that occurs after notification of the loss, theft, or possible unauthorized use by calling the Owatonna office at (507) 451-1230 or the Truman office at (507) 776-2831.

**III. Pre-payment Plan.** Patron's regular charge accounts must be current to take advantage of this plan. All purchases are applied to Patron's credit balance. Cash discounts that apply will be given. Patron cannot advance, pay more than their total annual purchases.

**IV. Accounts Past Due 20 Days.** Payments for purchases made are due twenty (20) days after purchases are billed by CFS to a Patron. For example, all charges in November will be billed on 11/30 and are due 12/20. If not received by 12/20, account is past due.

- A. Patrons who are past due and placed on a cash on delivery (“COD”) basis and will receive a reminder by email, letter, phone or conversation. If no response is received, Patron will receive a "Final Notice of Payment Due."
- B. If at this point no payment or communication has taken place, legal action will be taken. To prevent this, please communicate with us - we want to work with you. The Owatonna office number is (507) 451- 1230 or the Truman office number is (507) 776-2831.
- C. If a Patron's account is COD, closed, over 90 days old or in collection, CFS may choose to no longer deliver to that Patron unless Patron has paid for the product ordered at the main office at least 24 hours prior to delivery. Credit may be re-established only with a new credit application and evidence of responsible credit history.
- D. Patron agrees that failure to pay any invoice in full, without prior approval of CFS, may result in cancellation of credit. Failure to pay any invoice in full within payment terms of an invoice may result in all outstanding amounts due becoming due regardless of terms.

### V. Financial Information/Security Interests

- A. Patrons requesting a credit limit of \$25,000 or more, CFS may request a current financial statement at time of application and may request updates from time to time during the term. Failure to comply could result in loss of credit with CFS. Relationships with entities other than sole proprietorships will require a personal guarantee on behalf of all individuals with an ownership interest in the entity greater than 10%.
- B. CFS reserves the right to file a UCC-1 Agricultural Supplier Input Lien covering farm products associated with the indebtedness of the Patron and to file a CNS-1 Effective Financing Statement and/or give Buyers notice of CFS security interest should one arise. Patron agrees to execute any and all CNS-1 Effective Financing Statements requested by CFS.

**VI. Warranty Disclaimer.** Except as specifically set forth in a writing signed by the President of CFS, CFS makes no express or implied warranties in connection with its goods or services, and CFS SPECIFICALLY DISCLAIMS ALL WARRANTIES, INCLUDING ANY WARRANTY OF MERCHANTABILITY AND OF FITNESS FOR A PARTICULAR PURPOSE.

**VII. Limitations.** THE MAXIMUM LIABILITY OF CFS TO PATRON SHALL BE LIMITED TO THE PURCHASE PRICE OF THE SERVICES OR GOODS PURCHASED. PATRON AGREES THAT IN NO EVENT SHALL CFS HAVE ANY LIABILITY FOR SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES ARISING OUT OF THE USE OF THE GOODS OR SERVICES PURCHASED BY PATRON. Unless prohibited by applicable law, all claims against CFS for a potential or actual loss must be made in writing and received by CFS within ninety (90) days of the event giving rise to claim, and the failure to give CFS timely notice shall be a complete defense to any suit or action commenced by Patron. CFS shall only be liable for its negligent acts, which are the direct and proximate cause of any injury to Patron, including loss or damage to Patron's goods, and CFS shall in no event be liable for the acts of third parties.

**VIII. General.** These terms and conditions may only be modified or amended in writing signed by Patron and CFS; any attempt to unilaterally modify or amend same shall be null and void. If any paragraph(s) or portion(s) hereof is found to be invalid or unenforceable, then the remainder hereof shall remain in full force and effect. CFS' decision to waive any provision herein, by conduct or otherwise, shall not be deemed to be a further or continuing waiver of such provision or to otherwise waive or invalidate any other provision. These terms and conditions shall be construed according to the laws of the State of Minnesota without giving consideration to principals of conflict of law. Patron (a) irrevocably consent to the jurisdiction of the United States District Court and the State courts of Minnesota; (b) agrees that any action relating to the products sold or services performed by CFS shall only be brought in said courts; (c) consent to the exercise of in person jurisdiction by said courts over it, and (d) agrees that any action to enforce a judgment may be instituted in any jurisdiction.

# MINNESOTA REVENUE Certificate of Exemption

ST3

**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 _____	
	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.

Type of business

- |   |  |
|---|--|
| <input type="checkbox"/> 01 Accommodation and food services           | <input type="checkbox"/> 11 Transportation and warehousing     |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, hunting  | <input type="checkbox"/> 12 Utilities                          |
| <input type="checkbox"/> 3 Construction                               | <input type="checkbox"/> 13 Wholesale trade                    |
| <input type="checkbox"/> 4 Finance and insurance                      | <input type="checkbox"/> 14 Business services                  |
| <input type="checkbox"/> 5 Information, publishing and communications | <input type="checkbox"/> 15 Professional services              |
| <input type="checkbox"/> 6 Manufacturing                              | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 7 Mining                                     | <input type="checkbox"/> 17 Nonprofit organization             |
| <input type="checkbox"/> 8 Real estate                                | <input type="checkbox"/> 18 Government                         |
| <input type="checkbox"/> 9 Rental and leasing                         | <input type="checkbox"/> 19 Not a business (explain) _____     |
| <input type="checkbox"/> 10 Retail trade                              | <input type="checkbox"/> 20 Other (explain) _____              |

### Reason for exemption.

Reason for exemption

- |  |  |
|--|--|
| <input type="checkbox"/> A Federal government (department) _____                   | <input type="checkbox"/> J Agricultural production   |
| <input type="checkbox"/> B Specific government exemption (from list on back) _____ | <input type="checkbox"/> K Industrial production/manufacturing   |
| <input type="checkbox"/> C Tribal government (name) _____                          | <input type="checkbox"/> L Direct pay authorization  |
| <input type="checkbox"/> D Foreign diplomat # _____                                | <input type="checkbox"/> M Multiple points of use (services, digital goods, or computer software delivered electronically) |
| <input type="checkbox"/> E Charitable organization # _____                         | <input type="checkbox"/> N Direct mail   |
| <input type="checkbox"/> F Educational organization # _____                        | <input type="checkbox"/> O Other (enter number from back page) _____   |
| <input type="checkbox"/> G Religious organization # _____                          | <input type="checkbox"/> P Percentage exemption  |
| <input type="checkbox"/> H Resale  | <input type="checkbox"/> Advertising (enter percentage) _____ %  |
| <input type="checkbox"/> I Capital Equipment                                       | <input type="checkbox"/> Utilities (enter percentage) _____ %  |
|  | <input type="checkbox"/> Electricity (enter percentage) _____ %  |

*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.)*

Sign here

Signature of authorized purchaser \_\_\_\_\_ Print name here \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_