



MEMBERSHIP APPLICATION FORM

COUNTRY PARTNERS COOPERATIVE (Supplier)
P.O. BOX 80 GOTHENBURG, NE 69138
(308) 537-7141

Applicant anticipates doing a majority of business with:

- | | | | | |
|-----------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Albion | <input type="checkbox"/> Cedar Rapids | <input type="checkbox"/> Greeley | <input type="checkbox"/> Spalding | <input type="checkbox"/> Agronomy |
| <input type="checkbox"/> Amherst | <input type="checkbox"/> Cozad | <input type="checkbox"/> Lexington | <input type="checkbox"/> Stapleton | <input type="checkbox"/> Seed |
| <input type="checkbox"/> Anselmo | <input type="checkbox"/> Eustis | <input type="checkbox"/> Merna | <input type="checkbox"/> Sumner | <input type="checkbox"/> Grain <input type="checkbox"/> Feed |
| <input type="checkbox"/> Arnold | <input type="checkbox"/> Ewing | <input type="checkbox"/> Midway | <input type="checkbox"/> Westerville | <input type="checkbox"/> Petroleum/Propane |
| <input type="checkbox"/> Bartlett | <input type="checkbox"/> Farnam | <input type="checkbox"/> North Loup | | <input type="checkbox"/> Ampride/C-Store Purchase |
| <input type="checkbox"/> Callaway | <input type="checkbox"/> Gothenburg | <input type="checkbox"/> Ord | | |

Applicant or D/B/A name: _____ Social Security No.: _____ Birth Date: _____
 Co-Applicant: _____ Social Security No.: _____ Birth Date: _____
 Or Federal ID#: _____ Drivers License No.: _____
 Amount of credit requested: _____ Cell Phone No.: _____
 Email address: _____ Other: _____
 Mailing address: _____
 City: _____ State: _____ Zip Code: _____
 Delivery address if different: _____ Own Rent Years there: _____
 Present employer: _____ Phone No.: _____

BUSINESS STRUCTURE

Account Type Personal Farming/Ranching Business
Business Entity Individual *Corporation *Partnership Other
 D/B/A, Name: _____ State of Incorporation: _____

*Principal owners or stockholders (or authorized officers) list name, complete address, Social Security Number, % of ownership and personal guaranty of corporate debt on page 2 (please print): **This section MUST be completed and Personal Guaranty of Corporate Debt on page 2.**

Name	Address (Street, Town, State, ZIP)	SS#	Birthdate	%
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

BANK REFERENCE

Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Checking _____ Savings _____ Loan(s) _____ Secured _____ Unsecured _____
 Officer Name: _____ Telephone #: _____
 Email: _____

TRADE REFERENCES

Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Contact Person: _____ Telephone #: _____
 Email: _____

Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Contact Person: _____ Telephone #: _____
 Email: _____

Please Note - This application is for open account credit only. This is not for revolving credit.

Agency	The Customer shall identify for Country Partners Cooperative those persons who are authorized to make purchases of Products on credit. Unless otherwise informed, Country Partners Cooperative shall be permitted to presume that all persons representing Customer are so authorized.
Application for Membership	<p>TO: BOARD OF DIRECTORS, COUNTRY PARTNERS COOPERATIVE GOTHENBURG, NE</p> <p>I hereby make application for membership in the Country Partners Cooperative, Gothenburg, NE. I understand that only producers of agricultural products are eligible for membership as set forth in Article II of the By-Laws of the Cooperative.</p> <p>Upon acceptance into this cooperative, I hereby agree to comply with Article 2, Sec. 7, of the By-Laws of this cooperative. This means that I will accept as income the total amount of the written notice of my allocation from the cooperative in my taxable year in which I receive such written notice. I further agree that this means cash payments made as part of my patronage as well as shares of stock, stock credits, or certificates of equity. Printed below is said By-Law provision:</p> <p>Article 2, Sec. 7 -Consent to Distribution of Proceeds</p> <p>Section 7. <u>Consent</u>. Each person who applies for and is accepted as a stockholder or participating patron of this Cooperative and each stockholder or participating patron of this Cooperative on the effective date of this Bylaw provision who continues as a patron after such date shall, by such act alone, consent that the amount of any distributions with respect to his/her patronage occurring after that date, and which are made in written notices of allocation (as defined in 26 U.S.C. 1388), and which are received by him/her from the Cooperative, will be taken into account by him/her 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 him/ her.</p>
Truth-in- Lending Statement	<p>The federal regulation commonly referred to as "TRUTH IN LENDING" requires all businesses to disclose credit cost to a customer as an INTEREST CHARGE in terms of an ANNUAL PERCENTAGE RATE. In compliance with that regulation the following information is provided.</p> <p>Convenience credit is available on open account to all customers upon application, unless credit history is unsatisfactory</p> <p>A statement of account shall be rendered to all customers with an open account balance after the close of each month. The statement balance is due and payable in full upon its receipt or the 15th day of the following month the product was purchased.</p> <p>Any balance of a statement remaining unpaid on the last day of the month following purchase shall then be charged an INTEREST CHARGE of 1.33% per month upon that unpaid balance based upon a thirty (30) day month. This INTEREST CHARGE is equivalent to an ANNUAL PERCENTAGE RATE of 16% on the unpaid principal balance.</p> <p>We are required by law to inform you that any credit accumulated within Country Partners Cooperative, if any, may be applied, solely at our discretion, toward your delinquent account without notification, should your account not be paid in accordance with the terms set forth above.</p> <p>The extension of this credit will give Country Partners Cooperative a lien upon your equities in the cooperative, and in your current crop as provided by Nebraska statutes.</p>
Confirmation of information accuracy and release of authority to verify	<p>The undersigned, for the purpose of procuring and establishing credit from time to time with Supplier and to induce Supplier to permit Customer to become indebted to Supplier for purchase of goods, materials and/or services, furnishes the above business and personal credit information. The undersigned, jointly and individually, certify that all information in this Credit Application and accompanying Financial Statements is complete, factual and correct, and understands the Supplier will rely on the accuracy of this information for any credit that may be extended. Supplier is hereby expressly authorized to contact any parties listed herein and to verify any information contained in the Credit Application. The undersigned hereby waives any privacy of credit information rights or regulations.</p> <p>If any representations made on the Application prove to be untrue, the undersigned agrees that all obligations of Customer to, or held by, Supplier shall immediately become due and fully payable without demand or notice. The undersigned hereby acknowledges and agrees to be bound by the Credit Terms which appear on the following pages of this application.</p>
Change of Terms	Credit terms may be changed at the discretion of the Coop including, but not limited to, changing the due date, changing the billing cycle, or on any other matter after notice of such change has been given to the Patron.
Termination of Credit	The Coop reserves the right to terminate credit sales at any time without prior notification. No additional sales of products on credit will be allowed if the Patron has a past due balance more than 60 days following the statement date. The Patron's return to credit status following the termination of credit sales will be solely at the discretion of the Coop and may be under such additional terms, oral or written, as the Coop may require.
No Waiver Rights	Neither an extension of time for payment granted to the Patron, if any, nor acceptance of partial payment by the Coop, if any, shall constitute a waiver of any right to full payment of all sums due and owing to the Coop by the Patron.
Right of Offset	Patron agrees that the Coop may offset and apply any amounts it may from time to time owed the Patron for whatever reason against any unpaid past due credit balance of the Patron.
Crop Inputs	Coop may require patron to prepay for all crop inputs prior to delivery or provide the Coop with a written guarantee of payment from the Patron's financial institution for all input products purchased.
Guaranty	<p>In consideration of the extension of credit by Country Partners Cooperative ("Supplier/Creditor") to ("Customer/Debtor") the undersigned unconditionally guarantees payment of all amounts Debtor shall at any time owed to Creditor on account goods sold and delivered to Debtor whether such indebtedness is in the form of notes, bills, open account or otherwise. This guaranty shall continue notwithstanding any change in the form of such indebtedness or renewals or extensions granted by Creditor without the necessity of obtaining consent of the undersigned thereto, until expressly revoked by written notice from the undersigned. Any such revocation shall not in any manner affect the liability of the undersigned as to indebtedness contracted by Debtor prior thereto. This guaranty extends to and includes any and all interest due or to become due together with all attorney's fees, costs, and expenses incurred by Creditor in connection with any matter covered by the guaranty.</p> <p>The undersigned hereby waives notice of acceptance or non-payment. No delay by Creditor in exercising any right hereunder or taking any action to collect or enforce payment of any obligation hereby guaranteed, either as against Debtor or any other person otherwise liable, shall operate as a waiver of any such right or in any manner prejudice the rights of Creditor against undersigned. The undersigned hereby agrees that in the event of any default by Debtor, Creditor shall be entitled to proceed against undersigned immediately for such payment without prior demand or notice. The undersigned further agrees to pay reasonable attorney's fees and all other costs and expenses incurred by Creditor in the enforcement of this guaranty. In case of multiple guarantors hereunder, all liability of each guarantor should be joint and several.</p> <p>If the Customer/Debtor is a corporation or other entity, the person executing the Agreement shall also be deemed to guarantee the payment on behalf of Customer/Debtor of all amounts due Country Partners Cooperative. A facsimile of this application and signatures, shall be considered as originals of the same.</p> <p>I hereby authorize Country Partners Cooperative to investigate any references herein listed or obtain from me or from other sources pertaining to my credit-financial responsibility. I also authorize that an interest charge be assessed to the balance of any delinquent account until paid. The current INTEREST CHARGE RATE is 1.33% per month which equals an ANNUAL PERCENTAGE RATE of 16% based upon a 360 day year. This is subject to increase in accordance with general usury laws.</p> <p>I have read this application and agree to abide by all conditions and policies listed herein.</p> <p>I UNDERSTAND INTEREST WILL BE CHARGED AT A RATE OF A MINIMUM OF .50 OR 1.33% PER MONTH (16 APR) ON BALANCES OVER 30 DAYS AND THAT I AM LIABLE AND WILL PAY FOR ALL FINANCE CHARGES AND FOR ALL LEGAL AND COLLECTION FEES.</p>

****Please Note - Corporations and Partnerships must also sign as Individual Applicants**

Applicant: _____ Co-Applicant: _____ Date: ____/____/____

Personal Guaranty of Corporate Debt:

Guarantor/Signature: _____ Title: _____ Date: ____/____/____

Guarantor/Signature: _____ Title: _____ Date: ____/____/____

**Request for Taxpayer
 Identification Number and Certification**
 Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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 for Part II, later.

Sign Here	Signature of U.S. person	Date
------------------	--------------------------	------

Credit Policy

Your Cooperative would like to acquaint all our existing and new patrons with our credit policy.

It is as follows:

The purpose of this credit policy is to extend CONVENIENCE CREDIT to patrons and customers. All credit sales must be approved by the appropriate authority prior to the time of the purchase.

Customers wishing to establish credit at the Cooperative must complete and submit a membership application to the Credit Department for credit inquiry. Customers will be notified by mail upon approval or denial of an account.

All purchases made on credit during the month are due by the 15th of the following month. Balances not paid at that time will be considered past due.

Balances remaining unpaid for 30 days following the statement date will incur a monthly interest charge of 1.333% per month (or 16% per year,) on the unpaid balance. The account will be placed on C.O.D .. All credit privileges will be suspended and all further purchases will require cash until the complete balance, including principal and interest, is paid in full.

Should the account remain unpaid for 60 days from the statement date, the account will be placed on permanent C.O.D .. Patrons desiring to re-establish credit privileges will be required to submit an application and current financial statement for review by the board and management. Credit will be re-established only upon their approval.

Any account remaining unpaid for a period of 90 days from statement date will be forwarded to our collection agency for immediate processing.

Each patron will be responsible for all personal accounts and the accounts of any corporation, partnership or other business organization in which the patron has financial interest. If any one of the accounts, for which a patron is responsible, becomes delinquent, the cooperative may terminate the extension of credit for all such accounts and demand immediate payment of all such accounts.

Notice

A. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, sex or marital status. The federal agency which administers compliance with this law concerning this cooperative is: Federal Trade Commission/Equal Credit Opportunity Commission, Washington, D.C. 20508.

B. 1. An INTEREST CHARGE will be imposed on all account balances not paid within 30 days following date of the statement.

2: Payments made will be applied to INTEREST CHARGES first with the remainder applied to the principle.

3. The INTEREST CHARGE is calculated by applying a periodic rate of 1.333% per month to the balance subject to the INTEREST CHARGE until paid. The application of this charge is equal to an ANNUAL PERCENTAGE RATE of 16%.

4. To avoid INTEREST CHARGES the new balance shown on this statement must be paid in full within 30 days following statement date.

5. The balance subject to the INTEREST CHARGE will be the previous months balance less deductions for payments and credits applied within 30 days following the date of statement.

C. The extension of this credit may give the cooperative a lien upon your equities of the cooperative, and in your current crop as provided by Nebraska statutes.

D. See below for important information regarding your rights to dispute billing errors.

In Case of Errors or Inquiries about Your Bill

The Federal Truth in Lending Act requires prompt correction of billing mistakes.

1. To preserve your rights under the Act, here's what to do if you think your bill is wrong or if you need more information about an item on your bill:

a. Do not write on the bill. On a separate sheet of paper write (you may telephone your inquiry, but doing so will not preserve your rights, under the law) the following:

i. Your name and account number (if any).

ii. A description of the error and an explanation (to the extent you can explain) why you believe it is an error. If you need more information, explain the item you are not sure about and, if you wish, ask for evidence of the charge such as a copy of the charge slip. Do not send in your copy of a sales slip or other document unless you have a duplicate copy for your records.

iii. The dollar amount of the suspected error.

iv. Any other information (such as your address) which you think will help us to identify you or the reason for your complaint or inquiry.

b. Send your billing error notice to the address on your bill which is listed after the words: "Send Inquiries To:"

Mail it as soon as you can, but in any case, early enough to reach us within 60 days after the bill was mailed to you.

2. We must acknowledge all letters pointing out possible errors within 30 days of receipt, unless we are able to correct your bill during that 30 days. Within 90 days after receiving your letter, we must either correct the error or explain why we believe the bill was correct. Once we have explained the bill, we have no further obligation to you even though you still believe that there is an error, except as provided in paragraph 5 below.

3. After we have been notified, neither we nor an attorney nor a collection agency may send you collection letters or take other collection action with respect to the amount in dispute, but periodic statements may be sent to you, and the disputed amount can be applied against your credit limit. You cannot be threatened with damage to your credit rating or sued for the amount in question, nor can the disputed amount be reported to a credit bureau or to other creditors as delinquent until we have answered your inquiry. However, you remain obligated to pay the parts of your bill not in dispute.

4. If it is determined that we have made a mistake on your bill, you will not have to pay any interest charges on any disputed amount. If it turns out that we have not made an error, you may have to pay interest charges on the amount in dispute, and you will have to make up any missed minimum or required payments on the disputed amount. If it turns out that we have not made an error, you may have to pay finance charges on the amount in dispute, and you will have to make up any missed minimum or required payments on the disputed amount. Unless you have agreed that your bill was correct, we must send you a written notification of what you owe; and if it is determined that we did make a mistake in billing the disputed amount, you must be given the time to pay which you normally are given to pay the undisputed amount before any more interest charges or late payment charges on the disputed amount can be charged to you.

5. If our explanation does not satisfy you and you notify us in writing within 10 days after you receive our explanation that you still refuse to pay the disputed amount, we may report you to credit bureaus and other creditors and may pursue regular collection procedures. But we must also report that you think you do not owe the money, and we must let you know to whom such reports were made. Once the matter has been settled between you and the company, we must notify those to whom we reported you as delinquent of the subsequent resolution.

6. If we do not follow these rules, we are not allowed to collect the first \$50 of the disputed amount and interest charges, even if the bill turns out to be correct.
