

Credit Account Application

Britton Administrative Office

520 Vander Horck St.

PO Box 148

Britton, SD 57430

Phone: 605-824-6815

www.fullcircleag.com

Britton Agronomy...605-824-6875

Britton C-Store...605-824-6872

Doland...605-824-6870

Forman . . . 701-997-2970

Groton . . . 605-824-6851

Gwinner . . 701-997-6446

Hecla...605-824-6958

Pierpont..605-824-6805

Wilmot...605-824-6781

Name _____ Tax ID or Social Security # _____ Phone _____

Email Address _____ Birth Date: _____

Address _____ City _____ State _____ Zip _____

Description of Location if rural _____ Years at Present Address _____

Previous Address _____ Years There _____ # of Dependents _____

Current Employer _____ # of Years _____ Position _____ Monthly Income _____

Previous Employer _____ # of Years _____ Position _____ Monthly Income _____

Nearest relative not living with you _____ Address _____

Relationship _____

Account will be used for: Agronomy _____ Feed _____ Fuel _____ Propane _____

Credit Reference: (list all obligations with Banks, Finance Companies, etc.)

Name of Credit Reference	Account #	Balance	Payment

Co-applicant: Complete this part only if (1) Another person will use this account. Such person must also sign the application and be jointly obligated on the account, or (2) You are relying on income derived by a spouse or former spouse for repayment.

Name _____ SSN/Tax ID # _____ Phone _____

Address _____ City _____ State _____ Zip _____ Birth Date _____

Employer name and address _____ Years There _____ Income _____

The above information is for the purpose of obtaining credit and is warranted to be true. I agree to pay all bills, according to the Full Circle Ag credit policy, upon receipt of the statement or as otherwise expressly agreed.

I hereby authorize Full Circle Ag to investigate the references herein listed and/or obtain my credit history through a credit reporting agency.

Applicant Date

Co-Applicant Date

INDIVIDUAL CONSENT AND CERTIFICATION OF TAXPAYER I.D. # W-9

Name as shown on account _____ EIN# or SSN _____ Date _____

Mailing address _____ City _____ State _____ Zip _____

I hereby consent to include in my gross income as now or hereafter provided in the Fed. income tax laws, the stated dollar amount of each notice of allocation which I receive from Full Circle Ag, 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 in writing. Certification — Under penalty of perjury, I certify that the number shown on this form is my correct taxpayer ID or SS#.

Sign below:
X _____