



horizonresources
Solutions for your success.

317 - 2nd Street West Williston, ND 58801

T 701-572-2171 1-800-247-1584

F 701-572-0601

PERSONAL CREDIT APPLICATION

Attached is the application for an account with Horizon Resources. Please fill out completely and return it to the following address:

Accountsreceivable@horizonresources.coop

Or mail it to:

Horizon Resources

317 2nd Street W

Williston ND 58801

Horizon Resources offers Cardtrol cards at no additional cost for your convenience at the pump. If you are interested, please fill out the portion of the application for Cardtrol along with your credit application.

Please allow 3 to 5 business days for your new account to be processed. Be sure to complete all information requested on the application. Incomplete applications may delay the process. If you have any questions, please contact the main office at 701-572-2171.

Thank you for choosing Horizon Resources!
Solutions for your success.

Sincerely,
Credit Department



horizonresources

Solutions for your success.

T 701-572-2171 F 701-572-0601
307 2nd St West Williston, ND 58801



PERSONAL CREDIT APPLICATION

Name: _____ SSN: _____

Spouse: _____ SSN: _____

Street Address: _____

Mailing Address: _____
City State Zip
City State Zip

DOB of primary applicant: _____ Required for Patronage purposes

Present Employer: _____ Work Phone: _____ Home/Cell

Phone: _____ Home/Cell Phone: _____
Primary Spouse

Primary E-Mail: _____ Spouse: _____

Statements will be sent out via email (unless otherwise requested).

Agricultural Producer: Y / N Feed - Watford: Y / N Propane Home Heating: Y / N Bulk Fuel: Farm Y / N
C-Store: Y / N (fuel @ pumps & in store charges-if left unmarked you will not have access. Contact Credit Mgr. should this need changed)
Anticipated monthly credit allowance: _____

I hereby authorize Horizon Resources and its representatives to investigate any references or other data given by me pertaining to my credit and financial responsibilities. Also, I agree to pay this account in full by the 15th of each month following all purchase, finance charges, and fees. In the event payment is not prompt, a monthly service charge of 1.5% will be added to the unpaid balance until paid. If the account becomes 60 or more days past due my charging privileges will be suspended, without notice, until the account is brought current. I further agree to pay all costs of collection, including a reasonable attorney's fee, if that becomes necessary. A completed W-9 is required to open all accounts.

Signature: _____ Date: _____

Printed Signature: _____ Date: _____

Signature: _____ Date: _____

Printed Signature: _____ Date: _____

** OFFICE USE**

Date Opened: _____ Credit Status: _____ Account Number: _____

**Request for Taxpayer
Identification Number and Certification**

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. 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) ► _____ <i>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</i> <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.) 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.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* 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 for Part II, later.

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. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.



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Account # _____

Exp Date _____

Cardtrol Credit Application

Name On Account _____

Name requested on card if different (Business Name) _____

Who to Contact when cards arrive _____ By Phone _____

Number of Gallons per fill requested: 50 / 150 / 250 Gas/Diesel _____ Cards

Will the cards have any identifying names or truck numbers on them? If yes, please list. Please list PIN.

I agree to pay this account in full by the 10th of the month following purchases. In the event payment is not prompt, a monthly service charge of 1.5% will be added to the unpaid balance until paid. If account becomes 60 days past due my Cardtrol card may be suspended and/or cancelled until account is brought current. I further agree to pay all costs of collection, including a reasonable attorney's fee, if that becomes necessary.

Signature _____ Date _____