

## **CHECK LIST FOR A LINN CO-OP COMMERCIAL ACCOUNT AND MEMBERSHIP**

Our accounts in general are open charge accounts. Therefore, a credit check is used to set up your account.

### **COMMERCIAL ACCOUNTS**

**To set up a commercial account, please complete the following:**

- 1. Linn Co-op Commercial Credit Application.**
- 2. Guaranty of Payment form.**
- 3. W-9 Form.**
- 4. Application for Membership-** This membership is optional. If you wish to become a stockholder, complete the **application**.
  - All membership applications must include \$10.00 cash or check to purchase the stock.**

LINN COOP OIL COMPANY  
PO BOX 406  
MARION, IA 52302

(319)377-4881 PHONE

(319)377-8953 FAX

[www.linncoop.com](http://www.linncoop.com)



## Commercial Credit Application

DO NOT WRITE IN THIS BOX

Appl. Rec'd \_\_\_\_\_

Acct# \_\_\_\_\_

LEGAL COMPANY NAME \_\_\_\_\_

Doing Business as: \_\_\_\_\_

### Billing

#### Address

Street/ PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Delivery Location \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Yrs in Business \_\_\_\_\_ Nature of Business \_\_\_\_\_

Corp \_\_\_\_\_ Sub-S Corp \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ State Retail Tax Permit # \_\_\_\_\_

1 Officer/Owner Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ SSN \_\_\_\_\_

2 Officer/Owner Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ SSN \_\_\_\_\_

### Bank References

Bank Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Loan \_\_\_\_\_ (check applicable)

Bank Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Loan \_\_\_\_\_ (check applicable)

### Trade References

Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

### Financial Information (statements may be substituted)

For period \_\_\_\_\_ to \_\_\_\_\_ Annual sales/Revenue \$ \_\_\_\_\_ Net Profit \$ \_\_\_\_\_

Current Assets \_\_\_\_\_ Current Liabilities \_\_\_\_\_

Total Assets \_\_\_\_\_ Total Liabilities \_\_\_\_\_

This application and statement is submitted to obtain convenience credit privileges and I/we certify that all information is true and complete. I/we understand that credit will be extended by Linn Cooperative Oil Co.(Linn Coop), if granted. I/we authorize Linn Coop to obtain further information concerning my/our creditworthiness through any credit bureau or investigative agency employed by Linn Coop, and to investigate any references herein listed or statements or other data obtained from me or any other person pertaining to my/our credit and financial responsibility. I/we understand that any credit granted or extended as a result of this application shall be used in accordance with, and I/we agree to be bound by, the Linn Cooperative Oil Co. Credit Agreement and Disclosure, which shall be issued by Linn Coop from time to time. This application is subject to approval of credit and acceptance, and any credit pursuant hereto, by Linn Cooperative Oil Co. This application is the property of Linn Cooperative Oil Co.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

GUARANTY OF PAYMENT

Guaranty made \_\_\_\_/\_\_\_\_/\_\_\_\_ (date), by \_\_\_\_\_ (name  
of guarantor) of \_\_\_\_\_ (address  
of guarantor)("guarantor") to Linn Co-operative Oil Company of 3544 3<sup>rd</sup> Ave, Marion,  
Iowa 52302 ("obligee")

For value received, and in consideration of obligee's extending credit for any goods that  
obligee may at any time supply to \_\_\_\_\_ (name  
of debtor) of \_\_\_\_\_ (address of  
debtor), guarantor guarantees that payment of such sums of money as are now, or at  
any later time may be, owing to obligee from \_\_\_\_\_ (debtor)  
for goods so supplied and for which amount this shall be a continuing guaranty.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

Guarantor

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> 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) ▶ _____ <b>Note:</b> 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 <b>not</b> 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.  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> 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) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									

## Part II Certification

Under penalties of perjury, I certify that:

1. 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
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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

<b>Sign Here</b>	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](http://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.*



## LINN CO-OP MEMBERSHIP

Enclosed, please find an application for membership. To become a member of Linn Co-op Oil Company, you must purchase a share of stock. Stocks come in Class A or Class B classifications. Class A stockholders are members that are actively farming 10 acres or more. Only Class A stockholders may vote. Non-Farming members are Class B stockholders. The current cost of a share of stock is \$10.00 and only one share is required to become a member. There is no advantage to having more than one share of stock.

Members are paid an annual dividend on their purchases from Linn Co-op or grain sold to Linn Co-op. The dividend rates are determined by the auditors and approved by Linn Co-op's Board of Directors. The dividend is typically paid each September for the previous year's business. The dividend is usually paid 50% in cash and 50% is deferred.

The Deferred Dividends can be redeemed when one of the following conditions is met:

- 1) Member reaches 65 years of age.
- 2) Member moves away from our trade territory (at least 50 miles from the nearest branch).
- 3) Member is deceased.

When redeeming Deferred Dividends, the total is paid in equal annual payments made over a four year period in either May or November. If the member is deceased, payment will be made in full upon presentation of proof of death.

First Amendment to Bylaws  
Of  
Linn Co-operative Oil Company

Be it resolved that Article VII Section 3 (B) of the Bylaws of Linn Co-operative Oil Company be amended by adding at the end of Article VII Section 3 (B), the following:

“Each person who applies for or is accepted to membership in this Association and each member of this Association after such date shall and does hereby by such act of continuing membership alone, consent that the amount of any distributions with respect to his patronage made by this Association after February 19, 1987, which amounts are stated in written notices of allocation, as defined in 26 U.S.C 1388, and which notices are received by such member from the Association will be taken into account by such member and included in his gross income in the full dollar amounts stated in such notices, in the manner provided in 26 U.S.C. 1385 (a) in the taxable year of the member in which such written notices of allocation are received by him.”

## Application for Membership

Date: \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_

(First Name)                      (M.I.)                      (Last Name)

\_\_\_\_\_

(Complete Address)

\*Use company name and Fed ID for commercial accounts

My Social Security Number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, or Fed ID \_\_\_\_\_ - \_\_\_\_\_

Do hereby apply for a **Class** \_\_\_\_\_ **(A or B)\*** membership in Linn Co-Operative Oil Company, Marion, Iowa, a corporation operating under the laws of the state of Iowa. By my signature, I acknowledge receipt of a copy of the First Amendment to the By-Laws of said corporation.

\_\_\_\_\_

(Applicant Signature)

### PAYMENT OF \$10.00 MUST ACCOMPANY APPLICATION

**\*Class "A" member is defined as a person farming 10 acres or more who produces and sells agricultural products.**

**All other members are class "B"**

For Office Use

Account #	
"A" Member District	
Stock #	
Cash/Check	