



PO Box 847 • 80 Highway 5 • Scobey, Montana 59263

Scobey Office	487-2612	Richland	724-3353
Scobey	487-2741	Peerless	893-4398
Flaxville	474-2231	Four Buttes	783-5519
Opheim	762-3231	Plentywood	765-2742

CREDIT APPLICATION

Name: _____	Farm/Ranch Account: <u>Yes</u> <u>No</u>
Mailing Address: _____	Tax ID No: _____
_____	Date of Birth: _____
Shipping Address: _____	Home Phone: _____
_____	Cell Phone: _____
_____	Fax No: _____
_____	Email Address: _____

TYPE OF BUSINESS

Corporation
 Partnership
 Sole Proprietorship
 Date Business Started: _____

Owner-President: _____	Officer/Financial Officer: _____
Officer/Partner: _____	Officer/Partner: _____

LIST BANK REFERENCE AND THREE CREDIT REFERENCE

Bank: _____	Address: _____	Phone: _____	Contact: _____
_____	_____	Fax: _____	Account: _____
Reference 1: _____	Address: _____	Phone: _____	Relationship: _____
Reference 2: _____	Address: _____	Phone: _____	Relationship: _____
Reference 3: _____	Address: _____	Phone: _____	Relationship: _____

I/We authorize Pro Co-op to investigate the above information listed. By completing the above application, applicant understands his/her obligations and attests to the accuracy of the information provided. Applicant's signature also attests to willingness and ability to pay all invoices in accordance with Pro Co-op's payment terms - Net 30 days. (Payment must be received by the 15th of the month following receipt of monthly statement of account.) A service charge of 1.25% per month and/or annual percentage rate of 15% will be accessed if the account is not paid according to the credit terms as outlined in the *Credit and Cash Discount Policy*.

Please fax the completed credit application to (406) 487-2745 or mail to the above referenced address.

Signature: _____ Title: _____ Date: _____

Name: _____

For Office Use Only

Date Approved: _____	Credit Limit: _____
Approved by: _____	Account Number: _____



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Credit and Cash Discount Policy

TO OUR VALUED PATRONS:

Effective November 1, 2015 please note the credit and cash discount policies as approved by the PRO Co-op Board of Directors.

1. The Closing date of the billing cycle will be the last day of each month.
2. All charged purchases are due and payable upon receipt of statement of account by the 25th of the month following receipt of the Statement Account.
3. **Cash Discount Policy** for the purchase of all products other than grocery/concession/tobacco items are as follows:
 - 6% discount on all products (except grocery/concession/tobacco items) paid in advance, at the time of purchase, or if payment is **received** by the 15th of the month following receipt of your Statement of Account.
 - All discounts **will be surrendered after the 15th of the month** following the receipt of your Statement of Account.
 - No discounts will be offered on grocery/concession/tobacco items.
 - Discounts available to you will be pre-calculated on your Statement of Account each month.
4. If payment is not received by the last day of the month following the Statement of Account, a finance charge will be assessed on the past due balance. The finance charge is computed by applying a rate of 1.25% per month, which is an annual rate of 15%.
5. Any account that is not paid within 60 days shall be denied further credit, and a crop lien will be filed if applicable and necessary. The lien will be maintained until the account is paid in full. **This restriction will be followed going forward.**
6. Management reserves the right to refuse or limit credit privileges to anyone, at any time.
7. Management reserves the right to have any customer complete an updated Credit Application based on ability to pay, financial condition and/or previous experience.
8. PRO Co-op Does not share confidential credit information and retains all customer credit information in a strict confidential manner.

I have read the **Credit and Cash Discount Policy** on this ____ day of _____, 20____, and hereby agree to the terms.

(Signature)

(Print Name)

Effective date November 1, 2015

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. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td><input type="checkbox"/> C Corporation</td> <td><input type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Trust/estate</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </td> </tr> <tr> <td colspan="5"> 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. </td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Other (see instructions) ▶ _____ </td> </tr> </table>	<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) ▶ _____					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.					<input type="checkbox"/> Other (see instructions) ▶ _____				
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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) _____																				
<small>(Applies to accounts maintained outside the U.S.)</small>																				
5 Address (number, street, and apt. or suite no.) See instructions.																				
6 City, state, and ZIP code																				
7 List account number(s) here (optional)																				
Requester's name and address (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					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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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.

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.