



Farmers Union Oil Company
 124 West Nichols Ave.
 Montevideo, MN 56265
 (320) 269-8861

Credit Application

Products Planning on Purchasing		Office Use
Petroleum ___	LP Gas ___	Date Approved _____
Cardtrol ___	Automotive ___	By Whom _____
Hardware ___	Tires ___	Account # _____
Agronomy ___	Other ___	
Fuel Oil ___		

LAST NAME	FIRST	INITIAL	SS NUMBER	HOME PHONE	DATE OF BIRTH	
STREET ADDRESS	CITY	STATE	ZIP	CELL PHONE	YEARS AT PRESENT ADDRESS	OWN/RENT
DIRECTIONS TO HOME IF RURAL						
PREVIOUS ADDRESS	CITY	STATE	ZIP	YEARS THERE	NO. OF DEPENDENTS	
PRESENTS EMPLOYER	# OF YEARS	POSITION (if self employed-nature of business)		MONTHLY INCOME	OTHER INCOME	
ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE		
PREVIOUS EMPLOYER	YEARS THERE	POSITION				
NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS	PHONE #	RELATIONSHIP			
LIST ALL PEOPLE INCLUDING CHILDREN WHO ARE ALSO AUTHORIZED TO CHARGE ON THIS ACCOUNT						
CO-APPLICANT (complete this part only if this person will be jointly obligated, this person must also sign the application)						
NAME	SOCIAL SECURITY NUMBER		DATE OF BIRTH	RELATIONSHIP		
STREET ADDRESS	CITY	STATE	ZIP	YEARS THERE	PHONE NUMBER	
PRESENT EMPLOYER	ADDRESS	YEARS THERE	POSITION	MONTHLY INCOME		
NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS	PHONE NUMBER	RELATIONSHIP			

CREDIT REFERENCES (LIST ALL OBLIGATIONS WITH BANKS, FINANCE COMPANIES, ETC.)

NAME OF CREDIT REFERENCE (Name, Address, and Telephone #)	ACCOUNT TYPE: CHECKING/SAVING	BALANCE	PAYMENT
LANDLORD OR MORTGAGE HOLDER	ACCOUNT#	LOANS	REALESTATE AUTO PAYMENT
PERSONAL CREDIT REFERENCE	PHONE#	ADDRESS	

The above information is for the purpose of obtaining credit and is warranted to be true, I authorize Farmers Union Oil Company to obtain credit information from the above listed references. I agree to pay all bills, according to the Farmers Union Oil Company policy, upon receipt of the statement or as otherwise expressly agreed. I also understand if the Board Of Directors deems this account uncollectible, and in turn is turned over to an agency for collection I will be responsible to pay fees (attorney, court costs, registered letters) incurred by Farmers Union Oil Company in the pursuit of collection

 Applicant Signature Date Co-Applicant Signature Date

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ^(a) _____ <input type="checkbox"/> Other (see instructions) ^(a)	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number	
[] [] [] []	- [] [] - [] [] [] [] [] []
Employer identification number	
[] [] [] []	- [] [] [] [] [] [] [] [] [] [] [] []

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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 on page 3.

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

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

DISCLOSURE NOTICE

Dear patron:

The following disclosures in connection with your General Charge Account are made pursuant to the federal Truth in Lending Act.

CREDIT POLICY

If payment of the cash sale price of any purchase is received prior to the closing date of the second monthly billing cycle following purchase, you will pay no FINANCE CHARGE on the purchase. The closing date is the last day of each calendar month. A FINANCE CHARGE will be imposed on the Past Due Balance, which is determined by deducting all payments and credits during the current monthly billing cycle from Previous Balance. The Previous Balance is the unpaid balance at the beginning of the monthly billing cycle. The monthly Periodic Rate used to compute the FINANCE CHARGE is 1.50%. It is applied to the Past Due Balance and becomes an ANNUAL PERCENTAGE RATE OF 18%. If your account is deemed uncollectible by the cooperative and is sent for outside collection you will be charged a percentage of the fees incurred by Farmers Union Oil Co in pursuit of collection debt.

This cooperative pursuant to its Articles of Incorporation and By-laws, has first lien on the capital stock of equities of the cooperative held by you for any debt due by you that is deemed otherwise uncollectible by your Board Of Directors

Glen C. Moe
General Manager