

Larsen Cooperative Co. Credit Application

11 04 Mulligan Drive PO Box 308
New London, WI 54961 www.larsen.coop
Phone: (800) 924-6677 or (920)982-1111 Fax: (920) 982-8888

Applicant Information				Individual	Joint
First Name		M.I.	Last Name		E-Mail Address:
Date Birth:		SSN:		Phone:	Cell:
Current Address:					
City:		State:		ZIP:	
Own	Rent	(Please circle)		Monthly payment or rent:	How long?
Previous Address:					
City:		State:		ZIP:	
Own	Rent	(Please Circle)		How Long?	Credit Requested: \$
Employment Information					
Current Employer:					
Employer Address:					How long?
City:		State:		Zip:	
Phone:					
Position:		Hourly	Salary (Please circle)	Annual Income:	
Previous Employer:					
Address:					How long?
City:		State:		Zip:	
Name of a relative not residing with you:					
Address:					
City:		State:		ZIP:	Phone:
Relationship:					
Co-Applicant Information, if for a joint account					
First Name		M.I.	Last Name		E-Mail Address:
Date Birth:		SSN:		Phone:	Cell:
Current Address:					
City:		State:		ZIP:	
Own	Rent	(Please circle)		Monthly payment or rent:	How long?
Previous Address:					
City:		State:		ZIP:	
Owned	Rented	(Please circle)		Monthly payment or rent:	How long?
Employment Information					
Current Employer:					
Employer Address:					How long?
City:		State:		Zip:	
Phone:					
Position:		Hourly	Salary (Please circle)	Annual Income:	
Previous Employer:					
Address:					How long?
City:		State:		Zip:	
Position:					
Name of a relative not residing with you:					
Address:					
City:		State:		ZIP:	Phone:
Relationship:					

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Credit Cards

Name	Current Balance	Monthly Payment

Mortgage Company

Name:	Address:
Phone:	Balance Owed:

Loans

Loans	Phone	Balance	Monthly Payment

Bank Reference

Name of Bank:	Phone:
City, State:	

Other Assets or Sources of Income

Description	Amount per Month or Value

NOTICE: Applicant and each other person signing below warrants that the information provided herein or in connection with this application is true and correct and authorizes the release of such information to any party who may provide credit to applicant, whether herein or pursuant to a subsequent application or request, to obtain from banks, credit bureaus and other creditors, all of which are hereby authorized to release, any credit/financial information concerning applicant or such other person (including personal credit bureaus) as such party may deem appropriate, and to share all such information with the other.

I agree to that the following credit terms will govern any purchase made, which is charged to any account I may have with Larsen Cooperative Co.

1. I will pay the entire balance showing within 30 days of the billing date and I understand that if any portion of my balance remains unpaid for more than 30 days, I will be placed on a cash basis until that amount is paid.
2. I understand that **A FINANCE CHARGE OF 1.50%**, which is an **(ANNUAL PERCENTAGE RATE OF 18%)** per year will be applied to that part of the balance that resulted from purchases made during a calendar month, but not paid before the last day of the following month plus any previous balance that remains unpaid.
3. Payments shall be applied first to the unpaid **FINANCE CHARGE**, then to the remaining outstanding balance.
4. In the event that collection proceedings must be instituted to collect any balance due, I may be subject to statutory court costs and attorney fees.
5. You have the right to amend the terms and conditions of this agreement by advising me of your intentions to do so in a manner and to the extent required by applicable law.
6. If applying for a Joint Account, both of us agrees to be bound by the terms of this agreement and each of us agree to be jointly and severally liable for payment of all purchases made under this agreement.
7. You shall have the right to limit or terminate my charge account, but termination shall not affect my obligation to pay an existing balance. If I have not paid the amounts billed on two occasions within a 12 month period and fail to cure the default within 15 days after you send me written default notice, you may at your option declare the entire balance due and payable.

Signature of Applicant	Date
Signature of Co-Applicant, if for joint account	Date

LARSEN COOPERATIVE CO.

1104 MULLIGAN DR P.O. BOX 308
NEW LONDON, WI 54961-0308

TEL:800-924-6677 or 920-982-1111
FAX: 920-982-8888 www.larsen.coop

Commercial or Farm Credit Application

Business/Farm Name _____ Phone _____ Cell: _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Email Address _____ **Amount of Credit Requested:\$** _____

Date Established _____ At Present Location Since _____

()Corporation ()Partnership ()Sole Proprietorship ()Other: Specify _____

Date formed _____ Under What State _____

Names of Owners, Officers, or Partners:

Name _____ Title _____ Social Security _____

Name _____ Title _____ Social Security _____

Name _____ Title _____ Social Security _____

Name _____ Title _____ Social Security _____

Fed ID # _____ State Sales Tax # _____ Resale # _____

Issued By What State _____

Have Any of the Above Principals Ever Had A Business Failure or Filed Bankruptcy?

()YES ()NO If Yes, Describe Fully On A Separate Page

Do Any of the Above Principals Have Any Open Suits or Judgments?

() YES () NO If Yes, Describe _____

Do Any of the Above Principals have any Open Crop Liens?

() YES () NO If Yes, Lien Holders _____

Describe Your Business Operation _____

Is Your Business Location: () Owned () Leased

Landlord _____ Phone _____ Monthly Payment _____

Address _____ City _____ State _____ Zip _____

Mortgage Holder _____ Phone _____ Monthly Payment _____

Address _____ City _____ State _____ Zip _____

Major Short-Term Lender _____ Phone _____

City, State, Zip _____ Contact Person _____

Major Long-Term Lender _____ Phone _____

City, State, Zip _____ Contact Person _____

(OVER)

Bank Information:

Checking Account Number _____ Savings Account Number _____
Name of Bank _____ Phone _____
Address _____ City _____ State _____ Zip _____
Contact Person _____

Trade References: (i.e. fuel, feed, agronomy, vet., etc.)

Supplier Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

Supplier Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

Supplier Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

NOTICE: Applicant and each other person signing below warrants that the information provided herein or in connection with this application is true and correct and authorizes the release of such information to any party who may provide credit to applicant, whether herein or pursuant to a subsequent application or request, to obtain from banks, credit bureaus and other creditors, all of which are hereby authorized to release, any credit/financial information concerning applicant or such other person (including personal credit bureaus) as such party may deem appropriate, and to share all such information with the other.

I agree to that the following credit terms will govern any purchase made, which is charged to any account I may have with Larsen Cooperative Co.

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4. In the event that collection proceedings must be instituted to collect any balance due, I may be subject to statutory court costs and attorney fees.
5. You have the right to amend the terms and conditions of this agreement by advising me of your intentions to do so in a manner and to the extent required by applicable law.
6. If applying for a Joint Account, both of us agree to be bound by the terms of this agreement and each of us agree to be jointly and severally liable for payment of all purchases made under this agreement.
7. You shall have the right to limit or terminate my charge account, but termination shall not affect my obligation to pay an existing balance. If I have not paid the amounts billed on two occasions within a 12 month period and fail to cure the default within 15 days after you send me written default notice, you may at your option declare the entire balance due and payable.

CONTINUING GUARANTY AGREEMENT

In consideration of the extension of credit, the undersigned guarantor(s), jointly and severally, unconditionally guarantee and promise to pay to Larsen Cooperative Co., or its assigns, any indebtedness incurred on or after _____, 20____, by that certain business/farm known as _____, by reason of the purchase of merchandise from Larsen Cooperative Co.. Guarantor(s) understand and agree that this is a continuing and unconditional guaranty as to any and all debt incurred on open book account for goods sold and delivered to said business/farm until revoked by written notice delivered to Larsen Cooperative Co. at PO Box 37, Larsen, WI 54947. This guaranty shall cover all future indebtedness arising under successive transaction that either shall continue the liability said business or from time to time renew it after it has been satisfied. This guaranty is effective regardless of the legal form of said business, whether disclosed or undisclosed, and any termination of this guarantee shall be effective only as to indebtedness incurred after delivery of notice of termination.

Signature _____ Title _____ Date _____
Signature _____ Title _____ Date _____
Signature _____ Title _____ Date _____
Signature _____ Title _____ 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	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
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. 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								
or								
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. person (including a U.S. resident alien).

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 4.)

Sign Here

Signature of U.S. person ▶

Date ▶

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, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. 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.

Note: If 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.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

WISCONSIN SALES AND USE TAX EXEMPTION CERTIFICATE

Check One Single Purchase Continuous

Purchaser's Business Name	Purchaser's Address
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The above purchaser, whose signature appears on the reverse side of this form, claims exemption from Wisconsin state, county, baseball or football stadium, local exposition, and premier resort sales or use tax on the purchase, lease, license, or rental of tangible personal property, property under s.77.52(1)(b), items under s.77.52(1)(c), goods under s.77.52(1)(d), or taxable services, as indicated by the box(es) checked below.

I hereby certify that I am engaged in the business of selling, leasing, licensing, or renting: _____

(Description of property, items, goods, or services sold by purchaser.)

General description of property or services purchased (itemize property, items, or goods purchased if "single purchase"):

Seller's Name	Seller's Address
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PROPOSED EXEMPT USE

Resale (Enter purchaser's seller's permit or use tax certificate number) _____

Manufacturing

- Tangible personal property (TPP) or item under s.77.52(1)(b) that is used exclusively and directly by a manufacturer in manufacturing an article of TPP or items or property under s.77.52(1)(b) or (c) that is destined for sale and that becomes an ingredient or component part of the article of TPP or items or property under s.77.52(1)(b) or (c) destined for sale or is consumed or destroyed or loses its identity in manufacturing the article of TPP or items or property under s.77.52(1)(b) or (c) destined for sale.
- Machines and specific processing equipment and repair parts or replacements thereof, exclusively and directly used by a manufacturer in manufacturing tangible personal property or items or property under s.77.52(1)(b) or (c) and safety attachments for those machines and equipment.
- The repair, service, alteration, fitting, cleaning, painting, coating, towing, installation, and maintenance of machines and specific processing equipment, that the above purchaser would be authorized to purchase without sales or use tax, at the time the service is performed thereon. Tools used to repair exempt machines are not exempt.
- Fuel and electricity consumed in manufacturing tangible personal property or items or property under s.77.52(1)(b) or (c) in this state.
 Percent of fuel exempt: _____ % Percent of electricity exempt: _____ %
- Portion of the amount of fuel converted to steam for purposes of resale. (Percent of fuel exempt _____ %)

Farming

(To qualify for this exemption, the purchaser must use item(s) exclusively and directly in the business of farming, including dairy farming, agriculture, horticulture, floriculture, silviculture, or custom farming services.)

- Tractors (except lawn and garden tractors), all-terrain vehicles (ATV) and farm machines, including accessories, attachments, and parts, lubricants, nonpowered equipment, and other tangible personal property or items or property under s.77.52(1)(b) or (c) that are used exclusively and directly, or are consumed or lose their identities in the business of farming.
- Feed, seeds for planting, plants, fertilizer, soil conditioners, sprays, pesticides, and fungicides.
- Baling twine and baling wire.
- Breeding and other livestock, poultry, and farm work stock.
- Containers for fruits, vegetables, grain, hay, and silage (including containers used to transfer merchandise to customers), and plastic bags, sleeves, and sheeting used to store or cover hay and silage.
- Animal waste containers or component parts thereof (may only mark certificate as "Single Purchase").
- Animal bedding, medicine for farm livestock, and milk house supplies.

Federal and Wisconsin Governmental Units

Enter CES No., if applicable

- The United States and its unincorporated agencies and instrumentalities and any incorporated agency or instrumentality of the United States wholly owned by the United States or by a corporation wholly owned by the United States.
- Any federally recognized American Indian tribe or band in this state.
- State of Wisconsin or any agency thereof; Local Exposition District, Professional Baseball Park District, or Professional Football Stadium District.
- Wisconsin county, city, village, or town, including public inland lake protection and rehabilitation district, municipal public housing authorities, uptown business improvement districts, local cultural arts district, the Wisconsin Aerospace Authority, the Health Insurance Risk-Sharing Plan Authority, the Wisconsin Quality Home Care Authority, the Fox River Navigational System Authority, and any Regional Transit Authority in Wisconsin.
- Wisconsin public schools, school districts, universities, and technical college districts.
- County-city hospitals or UW Hospitals and Clinics Authority.
- Sewerage commission, metropolitan sewerage district, or a joint local water authority.

Other

- Containers and other packaging, packing, and shipping materials, used to transfer merchandise to customers of the purchaser.
- Trailers and accessories, attachments, parts, supplies, materials, and service for motor trucks, tractors, and trailers which are used exclusively in common or contract carriage under LC or IC No. _____.
- Items or services purchased directly by and used by religious, charitable, educational, scientific, or other organizations holding a Wisconsin Certificate of Exempt Status. CES No. _____.
- Tangible personal property and items, property and goods under s.77.52(1)(b), (c), and (d) to be resold by _____ on my behalf where _____ is registered to collect and remit sales tax to the Department of Revenue on such sales.
- Tangible personal property, property, items and goods under s.77.52(1)(b), (c), and (d), or services purchased by a Native American with enrollment # _____, who is enrolled with and resides on the _____ Reservation, where buyer will take possession of such property, items, goods, or services.
- Tangible personal property and items and property under s.77.52(1)(b) and (c) becoming a component of an industrial or municipal waste treatment facility, including replacement parts, chemicals, and supplies used or consumed in operating the facility.
- Portion of the amount of electricity or natural gas used or consumed in an industrial waste treatment facility. (Percent of electricity or natural gas exempt _____ %)
- Electricity, natural gas, fuel oil, propane, coal, steam, corn, and wood (including wood pellets which are 100% wood) used for fuel for residential or farm use.

	% of Electricity Exempt	% of Natural Gas Exempt	% of Fuel Exempt
<input type="checkbox"/> Residential	_____ %	_____ %	_____ %
<input type="checkbox"/> Farm	_____ %	_____ %	_____ %

Address Delivered: _____

- Percent of printed advertising material solely for out-of-state use. _____ %
- Catalogs, and the envelopes in which the catalogs are mailed, that are designed to advertise and promote the sale of merchandise or to advertise the services of individual business firms.
- Other purchases exempted by law. (State items and exemption). _____

I hereby certify that if the item(s) being purchased are not used in an exempt manner, I will remit use tax on the purchase price at the time of first taxable use. I understand that failure to remit the use tax may result in a future liability that may include tax, interest, and penalty.

Signature of Purchaser	Print or Type Name	Title	Date
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(DETACH AND PRESENT TO SELLER)