

**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.

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.

**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 \_\_\_\_\_

# WISCONSIN SALES AND USE TAX EXEMPTION CERTIFICATE

Check One  **Single Purchase**

**Continuous**

**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)

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	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"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	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 Line 1 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.

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

Social security number
or
Employer identification number

### 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).

**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.

<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.

### 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.

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.

**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.

**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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,