



# Credit Application Personal



The following statements and representations are made for the purposes of procuring credit from Ray-Carroll County Grain Growers, Inc. and Ray-Carroll Fuels, LLC.

<b>Credit requested reason: (please circle all that apply)</b>	<b>Crop Input</b>	<b>Feed</b>	<b>Wholesale Fertilizer</b>	<b>Fuel</b>	<b>Propane</b>
<b>Requested Credit amount: \$</b>					
<b>Ray Carroll Contact:</b>			<b>Ray Carroll Location:</b>		

### Individual Credit Information

**Legal Individual Name:**

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_  
 \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ **Street** \_\_\_\_\_ **City** \_\_\_\_\_  
 \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

<b>Spouse's Legal Name:</b>	<b>Spouse Social Security #</b>
<b>Spouse's Date of Birth:</b>	
<b>Contact Information:</b> Phone: _____	Fax: _____
<b>Additional contacts:</b> Phone: _____	Cell: _____
<b>Email address:</b> _____	

**Applicants Employer:** \_\_\_\_\_ **Employer phone:** \_\_\_\_\_

1. The applicant and guarantors hereby authorizes Ray-Carroll County Grain Growers, Inc and Ray-Carroll Fuels, LLC (the Creditors) to take appropriate measures in verifying the credit of the "Applicant" and releases Ray-Carroll County Grain Growers, Inc and Ray-Carroll Fuels, LLC from any obligations and restrictions imposed by law while researching this information.
2. Applicant must notify the Creditor within 30 days of any change in ownership or corporate formation of business.
3. Ray-Carroll County Grain Growers, Inc. and Ray-Carroll Fuels, LLC reserves the right at any time, to withdraw credit approval from Applicant or to terminate or limit Applicant's account.
4. All products purchased from Ray-Carroll County Grain Growers, Inc or Ray-Carroll Fuels, LLC will be subject to any applicable finance charges and payment terms as defined in the Charge Account Agreement.
5. All legal fees associated with the collection of past dues will be added to the Applicant's account.
6. I hereby certify that the information contained herein is complete and accurate.
7. I agree that if this application is approved, I will pay for all purchases on my account.

_____	_____	_____
Date	Signature	Title
_____	_____	_____
Date	Signature	Title
_____	_____	_____
Date	Signature	Title

RAY-CARROLL COUNTY GRAIN GROWERS, INC.  
RAY-CARROLL FUELS, LLC

CHARGE ACCOUNT AGREEMENT

Name of Credit Customer \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS No. or Tax I.D. \_\_\_\_\_ Phone No. \_\_\_\_\_

Name of Credit Customer \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS No. or Tax I.D. \_\_\_\_\_ Phone No. \_\_\_\_\_

THIS AGREEMENT is made on the below stated date by Customer and Ray-Carroll County Grain Growers, Inc/Ray-Carroll Fuels, LLC (Ray-Carroll).

The Ray-Carroll agrees upon approval that it shall allow Customer to purchase goods and services on credit and Customer agrees to pay for all goods and services purchased in accordance with this Agreement.

**DUE DATE:** All purchases made on credit during the month that are reflected on the periodic billing statement are due and payable on the 20<sup>th</sup> day of the following billing statement.

**CONVENIENCE CREDIT:** If all purchases are paid in full by the 20<sup>th</sup> day after invoice date, the account shall not be subject to any FINANCE CHARGE.

**FINANCE CHARGE:** Any balance not paid by the last day of the month following the purchase shall be subject to CHARGE of 1.5% per month (18% annual percentage rate) calculated on the unpaid balance due on the account on the last day of the billing cycle carried over from prior purchases. The minimum amount of such charge shall be seventy cents (.70).

**TERMINATION:** Ray-Carroll reserves the right to terminate credit sales to a Patron at any time. Customer expressly agrees that additional credit purchases may be denied if Customer's account is over 10 days past due. No prior notification of such termination or denial shall be required.

**CHANGE IN TERMS:** This Agreement may be changed by Ray-Carroll to increase the FINANCE CHARGE, change the due date, change the billing cycle, change the method of calculating the FINANCE CHARGE, or change matters of a similar nature of applicable law. Notice of any such change shall be given to Customer at least one billing cycles prior to the effective date of the change.

**SECURITY FOR ACCOUNT:** All purchases made pursuant to the Agreement shall be secured by, and Customer hereby grants to Ray-Carroll, a security interest and lien in any investment Customer may have in the Ray-Carroll association, including goods purchased, rented or leased, certificates of indebtedness, notes, stock or stock credit. Customer shall not have the right to demand offset of such investment on Customer's account, which offset may be made only at the discretion of the Cooperative.

**AGENCY:** Until notified in writing to the contrary, Customer authorizes Customer's spouse, children over the age of fifteen years and employees to purchase goods or services and charge them to the Customer's account.

**PATRONAGE:** All commercial business will not be eligible for patronage.

**COLLECTION FEES:** If Customer fails to pay a given account balance within thirty (30) days after due date for such balance, in addition to the unpaid balance and FINANCE CHARGES Customer agrees that the account maybe referred to an attorney for collection at any time, agrees to pay a reasonable attorney's fee and all collection expenses, and agrees that the minimum attorney fee shall be the greater of \$100.00 or (25%) of the balance due. Customer agrees that all lawsuits brought under this Agreement shall be filed in Ray County Missouri.

**\*\*ALL SIGNATURES REQUIRED\*\***

\_\_\_\_\_  
SIGNATURE OF CUSTOMER

\_\_\_\_\_  
SIGNATURE OF CUSTOMER

DATE: \_\_\_\_\_

This agreement is subject to applicable state and federal law including equal credit opportunity act.

<b>FOR INTERNAL USE</b>
<b>APPROVED:</b>
BY: _____
Title: _____
Date Approved: _____

# 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.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 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.</p> <p><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</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

## 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.

<b>Social security number</b>								
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**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.

## 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>	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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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.*