

**FARMERS CO-OP OIL COMPANY**  
 PO BOX 250  
 340 DUPONT AVE NE  
 RENVILLE, MN 56284-0250



PH. 320-329-8351 FAX 320-329-3589  
 E-MAIL: [OFFICE@FCOC.US](mailto:OFFICE@FCOC.US)  
 WEB: [WWW.FCOC.US](http://WWW.FCOC.US)

## **CREDIT APPLICATION**

<b>APPLICANT INFORMATION</b>														
First Name					Last Name				M.I.			DOB		
Address								Apartment/Unit #						
City					State					ZIP				
Phone					E-Mail Address									
Years at current address:			RENT <input type="checkbox"/>	OWN <input type="checkbox"/>	Previous Fuel Supplier:									
<b>EMPLOYMENT INFORMATION</b>														
Employer:							Phone							
Occupation:							Number of Years							
Business Address:					City				State			Zip		
<b>BANK &amp; TRADE REFERENCES</b>														
Bank					Address									
Name					Address									
Name					Address									
<b>GENERAL INFORMATION</b>														
Products you plan to purchase include:						I am looking for a starting 30-day credit limit of:								
<input type="checkbox"/>	Station Gas / Fuels	<input type="checkbox"/>	Bulk Gas / Fuels	<input type="checkbox"/>	\$0 - \$200	<input type="checkbox"/>	\$1,001 - \$2,000							
<input type="checkbox"/>	LP Heating	<input type="checkbox"/>	Fuel Oil Heating	<input type="checkbox"/>	\$201 - \$500	<input type="checkbox"/>	\$2,001 - \$_____							
<input type="checkbox"/>	LP Drying			<input type="checkbox"/>	\$501 - \$1,000									
If the account is approved, you would like to receive a cardrol card for:														
<b>Card 1</b>	<input type="checkbox"/> Gas Only	<input type="checkbox"/> Diesel Only	<input type="checkbox"/> Both	<b>Card 2</b>	<input type="checkbox"/> Gas Only	<input type="checkbox"/> Diesel Only	<input type="checkbox"/> Both	<b>Card 3</b>	<input type="checkbox"/> Gas Only	<input type="checkbox"/> Diesel Only	<input type="checkbox"/> Both			
<b>AUTHORIZED SIGNATURE</b>														
I hereby grand release of credit information from the bank and business references listed above. I understand that Farmers Co-op Oil Company may obtain a credit report from Equifax or the Credit Bureau of Alexandria in order to establish credit on my behalf.														
Signature: _____				Print Name: _____				Date: _____						



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## CREDIT APPLICATION

### 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 Co-op Oil Co in pursuit of collection debt.

This cooperative, pursuant to its Articles of Incorporation and By-laws, has first line 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.

To comply with Federal laws in reporting 1099 patronage dividends, we must also report the Social Security Numbers of all patrons receiving dividends. If this is not reported, the Internal Revenue Service will now assess your cooperative a \$50 penalty for each patron not having a Social Security Number or Federal Identification Number.

To comply with Federal law and to avoid a \$50 penalty from the IRS, we must have your signature and Social Security number or Federal Identification Number. Your cooperative refunds need to be included as income on your tax return only if you deduct the cooperative purchases as a business expense.

We appreciate your cooperation and prompt response. Thank you!

#### **INDIVIDUAL CONSENT & SUBSTITUTE FEDERAL FORM W-9**

I hereby consent to include in my gross income, as now or hereafter provided in the federal income tax laws, the stated dollar amount of each written notice of allocation which I receive from:

#### **FARMERS CO-OP OIL COMPANY OF RENVILLE MN**

With respect to my patronage occurring during the current and all subsequent taxable years of this cooperative. This individual consent shall be revocable by me at any time, if in writing.

Name as shown on account _____	
Mailing Address _____	Personal Social Security Number _____
City _____ State _____ Zip Code _____	Federal Identification Number _____
Birth Date: ____/____/____	Telephone Number _____
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 either because 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 the IRS has notified me that I am no longer subject to backup withholding.	
CERTIFICATION INSTRUCTIONS: You must cross out item (2) above if you have been notified by IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).	
Signature _____	Date _____



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**CREDIT APPLICATION**

Date: \_\_\_\_\_

Account: \_\_\_\_\_

All Stock Equities for \_\_\_\_\_

Should be distributed on the following basis:

Name	Year – DOB	Percent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Stock equities beginning with the year \_\_\_\_\_ will be distributed on the following basis:

Name	Percent	Name	Percent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This distribution will remain in effect until we receive notification in writing of any changes.

Signatures	Percent	Signatures	Percent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

