



APPLICATION COVER SHEET AND INSTRUCTIONS

Central Farm Service would like to thank you for your interest in applying for credit through our organization. The following pages will need to be **completed, signed & dated** and returned to us via fax, mail, or e-mail scan to begin the process. In addition, if you qualify to **claim exemption from sales tax** on qualifying purchases, Central Farm Service must have a Form ST3 on file. Should you have any questions or problems through the process, please do not hesitate to call us at (507) 789-1157 and ask to speak to Sue Meyer, Asst. Credit Manager. You may also contact Sue via e-mail at smeyer@cfscoop.com or Mark Karlsrud, Credit Manager at 507-621-0614 or mkarlsrud@cfscoop.com

Below is some additional information regarding Central Farm Service:

- Central Farm Service was established on March 1, 2016 following the merger between Central Valley Co-op headquartered in Owatonna, MN, and WFS (Watonwan Farm Service) headquartered in Truman, MN.
- We are a producer owned cooperative that is controlled by a board of member directors and operated for the benefit of the patrons that we serve.
- Members in the cooperative earn equity in Central Farm Service and may receive annual dividends based on the type and amount of products purchased.
- Products offered through Central Farm Service include the following:
 - Agronomy
 - Refined Fuels
 - Home heating oil and propane
 - Cardtrol cards for our gas stations
 - Grain sales and contracting services
 - Feed

All information provided to Central Farm Service via the application process is kept in the strictest confidence. In addition, all social security numbers are encrypted in computer system and we are in full compliance with the Red Flag Rule to further protect your personal information.

Send Completed Credit Application

to: 44125 Hwy 56 Blvd
 Kenyon, MN 55946
 Phone: (507) 789-1157



CENTRAL FARM SERVICE

www.cfscoop.com

Office Use Only

Account No. _____
 Date Approved _____
 By Whom _____

CREDIT/MEMBERSHIP APPLICATION and AGREEMENT

Check appropriate box for services being applied for: Agronomy # of Acres _____ Feed Type of Livestock _____
Home Heat: Fuel Oil LP Own Tank? _____ Interested in the Home Heating Budget Program? _____
Petroleum: Diesel Gasoline Oil Cardrol # of Cardrol Cards _____
Grain: Contracting Drying Other

TYPE OF ORGANIZATION

Sole Proprietor General Partnership Corporation LLC Non-Profit Other _____

Date Business Originated ____/____/____ Federal TIN/SS# _____ Birth Date ____/____/____

Name: _____ Business Name _____

Address: _____ Rent
 _____ Years at Address _____ Own

Street Address City County State Zip

Previous Address _____ Yrs at Previous Address _____

(If less than one year) Street Address City County State Zip

Phone (____) _____ Cell Phone (____) _____ Email _____ Fax (____) _____

Present Employer _____ # of Yrs _____ Position _____ Mo. Income _____

Owners and Spouse/Co-Applicant, Officers, Guarantors, Members or Partners (PLEASE LIST)

Name	Title	Social Security	Date of Birth

Primary Contact Person _____ Contact Number (____) _____

Trade/Credit References

	Name	Contact Person	Phone Number	Fax Number
Primary				
Other				
Primary				

Everything stated in this application is true and correct. I understand that Central Farm Service will retain this application whether or not it is approved. Central Farm Service is authorized to check my credit and employment history and to answer questions about Central Farm Service's credit experience with me, including obtaining a credit report on the individual applicant(s) and reporting performance of the applicant(s) under this Agreement to credit reporting agencies.

If Central Farm Service extends credit to the applicant, I/We/It will pay the price (including taxes) of goods and services charged to this account, together with applicable **FINANCE CHARGES**, and abide by all obligations imposed by this Agreement and all terms of Central Farm Service's credit plan and policy.

I certify that I am duly authorized to sign this Agreement and to thereby bind the person(s) on whose behalf I am signing. A facsimile or scan of this Agreement containing signatures, or Central Farm Service's receipt of an email acknowledgement assenting to this Agreement, shall be deemed original signatures for all purposes related to this Agreement.

Agricultural Producer Yes No

To: CFS, Chairman of the Board of Directors, Clarks Grove, MN

Please accept this request for membership in Central Farm Service, Clarks Grove, MN. I/We meet the requirements of membership as stated in Article III, Section 3.2, Qualifications of Membership of the Articles of Organization of Central Farm Service, Clarks Grove, Minnesota. I/We further consent that the amount of any patronage refunds with respect to business with CFS, which are made in written notices of allocation (as defined in 25 U.S.C. 1388) and which are received from the cooperative, will be taken into account at their stated dollar amounts in the manner provided in 26 U.S.C. 1385 in the taxable year received.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

INDIVIDUAL CONSENT AND CERTIFICATION OF TAXPAYER I.D. NUMBER (must be completed to be eligible for patronage dividend)

Name as shown on Federal Tax Return _____ (Taxpayer ID No., SSN or EIN) _____ / / Birth Date _____
Mailing Address _____ City _____ County _____ State _____ Zip Code _____

Exemption from FATCA reporting code (if any) _____

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 Central Farm Service, with respect to my patronage occurring during the current and all subsequent taxable years of their cooperative. This consent shall be revocable by me at any time if in writing.

Certification – Under penalties of perjury, I certify that: (1) The number shown on the form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); (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; (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code entered on this form (if any) indicating that the taxpayer identified above is exempt from FATCA reporting is correct. You are considered a U.S. person if you are: (1) An individual who is a U.S. citizen or U.S. resident alien; (2) A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; (3) An estate (other than a foreign estate); or (4) A domestic trust (as defined in Regulations section 301.7701-7).

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 of underreporting interest or dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding, you received another notification from the IRS that you are no longer subject to backup withholding, do not cross out item (2). The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature _____ Date _____ Phone Number _____

PERSONAL GUARANTEE (if transacting business other than a sole proprietor)

I, (name(s)) _____ residing at (address) _____

_____ for and in consideration of your extending credit to _____

(hereinafter referred to as the "Company"), of which I am (title(s)) _____ hereby personally guarantee to Central Farm Service (hereinafter referred to as "CFS") the payment, in the State of Minnesota, of any obligation of the Company, and I hereby agree to bind myself to pay CFS on demand any sum which may become due to CFS by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee of payment, not performance, and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice hereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

PERSONAL OBLIGATION

IF THIS APPLICATION IS FOR CREDIT TO A CORPORATION OR OTHER ORGANIZATION, I GUARANTEE AND AGREE, AS PROVIDED BY LAW, TO BE PERSONALLY RESPONSIBLE FOR PAYMENT OF ALL OBLIGATIONS INCURRED AND UNPAID BY SUCH ORGANIZATION. THIS IS A GUARANTEE OF PAYMENT AND NOT MERELY PERFORMANCE. I WAIVE NOTICE, PRESENTMENT AND/OR DEMAND FOR PAYMENT. THIS IS AN UNQUALIFIED GUARANTEE.

Explanation of Personal Obligation

- (a) You have agreed to pay amounts owing or to become owing in the future as a result of charges made by (name of Company) on his or her charge account with CFS.
- (b) You will be liable and fully responsible for payment of the above credit obligation even though you may not be entitled to any of the goods, services or loan furnished thereunder. If you wish to terminate your guarantee with respect to future transactions, you must notify Central Farm Service in writing.
- (c) You may be sued in court for the payment of the amount due under this consumer credit transaction even though the Company named above may be working or have funds to pay the amount due.
- (d) This explanation is not the agreement under which you are obligated, and the guarantee or agreement you have executed must be consulted for the exact terms of your obligations.
- (e) You are entitled now, or at any time, to one free copy of any document you sign evidencing this transaction.
- (f) The undersigned also acknowledges receipt of an exact copy of this notice.

Date: _____

Date: _____

Guarantor Signature Title

Guarantor Signature Title

Certificate of Exemption

Purchaser: Complete this certificate and **give it to the seller.**

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity name and specific project:

Exempt entity name _____ Project description _____

Type or print	Name of purchaser _____			
	Business address _____		City _____	State _____ Zip code _____
	Purchaser's tax ID number _____		State of issue _____	
	If no tax ID number, enter one of the following:	FEIN _____	Driver's license number/State issued ID number _____ state of issue _____ number _____	
	Name of seller from whom you are purchasing, leasing or renting _____			
	Seller's address _____		City _____	State _____ Zip code _____

Type of business.

Type of business	<input type="checkbox"/> 01 Accommodation and food services	<input type="checkbox"/> 11 Transportation and warehousing
	<input type="checkbox"/> 02 Agricultural, forestry, fishing, hunting	<input type="checkbox"/> 12 Utilities
	<input type="checkbox"/> 03 Construction	<input type="checkbox"/> 13 Wholesale trade
	<input type="checkbox"/> 04 Finance and insurance	<input type="checkbox"/> 14 Business services
	<input type="checkbox"/> 05 Information, publishing and communications	<input type="checkbox"/> 15 Professional services
	<input type="checkbox"/> 06 Manufacturing	<input type="checkbox"/> 16 Education and health-care services
	<input type="checkbox"/> 07 Mining	<input type="checkbox"/> 17 Nonprofit organization
	<input type="checkbox"/> 08 Real estate	<input type="checkbox"/> 18 Government
	<input type="checkbox"/> 09 Rental and leasing	<input type="checkbox"/> 19 Not a business (explain) _____
	<input type="checkbox"/> 10 Retail trade	<input type="checkbox"/> 20 Other (explain) _____

Reason for exemption.

Reason for exemption	<input type="checkbox"/> A Federal government (department) _____	<input type="checkbox"/> J Agricultural production
	<input type="checkbox"/> B Specific government exemption (from list on back) _____	<input type="checkbox"/> K Industrial production/manufacturing
	<input type="checkbox"/> C Tribal government (name) _____	<input type="checkbox"/> L Direct pay authorization
	<input type="checkbox"/> D Foreign diplomat # _____	<input type="checkbox"/> M Multiple points of use (services, digital goods, or computer software delivered electronically)
	<input type="checkbox"/> E Charitable organization # _____	<input type="checkbox"/> N Direct mail
	<input type="checkbox"/> F Educational organization # _____	<input type="checkbox"/> O Other (enter number from back page) _____
	<input type="checkbox"/> G Religious organization # _____	<input type="checkbox"/> P Percentage exemption
	<input type="checkbox"/> H Resale	<input type="checkbox"/> Advertising (enter percentage) _____ %
	<input type="checkbox"/> I Capital Equipment	<input type="checkbox"/> Utilities (enter percentage) _____ %
		<input type="checkbox"/> Electricity (enter percentage) _____ %

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Signature of authorized purchaser _____	Print name here _____	Title _____	Date _____
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CENTRAL FARM SERVICE – CREDIT POLICY

The following is meant to inform our valued patrons ("Patron"), of our Credit Policy. Please review this information carefully. The following is also a listing of credit services and options that we offer. In all cases, a credit application must be approved by Central Farm Service (CFS). CFS may change its credit terms relating to open-end accounts pursuant to provisions provided by the applicable State of Minnesota laws.

I. Open Account

- A. Purchases will be billed monthly.
- B. The billing cycle closing date is the end of each month, at which time an itemized statement will be mailed.
- C. Minimum periodic payment is payment in full of the balance appearing on the current statement of account, on or before the 20th day of the month of receipt of your statement. Each payment shall be applied first to any unpaid finance charge, then to merchandise and services purchased.
- D. A finance charge of 1.5 % per month, which is an annual rate of eighteen percent (18%) per year, will be applied to that part of any previous balance that on the statement due date was unpaid. The only finance charge to which a Patron's account may become subject is the single periodic charge at the rate set forth.
- E. Patron agrees to be liable for the payment of all collection costs, court costs, and attorney's fees to pursue payment of Patron's debt in the event that payment is not received when due.
- F. CFS, pursuant to its Articles of Incorporation and Bylaws, has a security interest on the capital stock and/or equities of CFS held by any Patron for any debt due by that Patron that is deemed uncollectable by CFS.

II. Cardrol Cards

- A. Local cards may be used only at CFS Convenience Stores/ pump locations.
- B. Card can be used only for gas and fuel at the pump island, 24 hours daily.
- C. Patron shall be provided a card with instructions upon approval of Patron's application, at the sole discretion of CFS.
- D. Credit terms are net 20 days. Cardrol cards will be locked out on past due accounts or when credit limits are exceeded.
- E. Patron agrees to notify CFS immediately if any cardrol card issued on your account is ever lost, stolen, or otherwise used in a manner not authorized by you. Patron may be liable for the unauthorized use of Patron's card(s). However, Patron will not be liable for unauthorized use that occurs after notification of the loss, theft, or possible unauthorized use by calling the Owatonna office at (507) 451-1230 or the Truman office at (507) 776-2831.

III. Pre-payment Plan

Patron's regular charge accounts must be current to take advantage of this plan.

- A. All purchases are applied to Patron's credit balance.
- B. Cash discounts that apply will be given.
- C. Patron cannot advance, pay more than their total annual purchases.

IV. Accounts Past Due - 20 Days from Billing Date (Procedure)

Payments for purchases made are due twenty (20) days after such purchases are billed by CFS to a Patron. Example: All charges in November will be billed on 11/30 and are due 12/20. If not received by 12/20, account is past due.

- A. Patrons who are past due and placed on a cash on delivery ("COD") basis and will receive a reminder by letter or phone. If no response is received, the patron will receive a "Final Notice of Payment Due."
- B. If at this point no payment or communication has taken place, legal action will be taken.
- C. To prevent this, please let us know if there is a problem. We want to work with you. The Owatonna office number is (507) 451-1230 or the Truman office number is (507) 776-2831.
- D. If a Patron's account is COD, closed, over 90 days old or in collection, we will no longer deliver to that Patron unless Patron has paid for the product ordered at the main office at least 24 hours prior to delivery. Credit may be re-established only with a new credit application and evidence of responsible credit history.
- E. Patron agrees that failure to pay any invoice in full, without prior approval of CFS, may result in the cancellation of any credit. Failure to pay any invoice in full within payment terms of an invoice may result in all outstanding amounts due becoming due regardless of terms.

V. Financial Information/Security Interests

- A. For patrons requesting a credit limit of \$25,000 or more, CFS reserves the right to request a current financial statement at time of application and may request updates from time to time during the term of our relationship. Failure to comply could result in loss of credit with CFS.
- B. Relationships with entities other than sole proprietorships will require a personal guarantee on behalf of all individuals with an ownership interest in the entity greater than 10%.
- C. CFS reserves the right to file a UCC-1 Agricultural Supplier Input Lien covering farm products associated with the indebtedness of the Patron and to file a CNS-1 Effective Financing Statement and/or give Buyers notice of CFS security interest should one arise. Patron agrees to execute any and all CNS-1 Effective Financing Statements requested by CFS.

VI. Warranty Disclaimer.

- A. CFS SPECIFICALLY DISCLAIMS ANY WARRANTY OF MERCHANTABILITY AND OF FITNESS FOR A PARTICULAR PURPOSE AND ANY LIABILITY FOR SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES ARISING OUT OF THE USE OF THE GOODS PURCHASED BY PATRON. THE MAXIMUM LIABILITY OF CFS SHALL BE LIMITED TO THE PURCHASE PRICE OF THE GOODS PURCHASED