



GROW WITH US

ACCOUNT NAME	_____	FEIN #	_____
		S.S. #	_____
ADDRESS	_____	PATRON #	_____
	_____	VENDOR#	_____

PATRONAGE REFUNDS WILL BE ISSUED IN THE NAME OF THE CORPORATION, PARTNERSHIP, LLC, OR OTHER SUCH TYPE OF ENTITY CREATED UNDER THE ABOVE ACCOUNT NAME UNLESS YOU REQUEST THAT IT BE ISSUED IN THE NAME(S) OF THE INDIVIDUAL STOCKHOLDERS.

\*\* NOTE: TOTAL ALLOCATIONS MUST EQUAL 100% \*\*

**ALLOCATION # 1**

**ALLOCATION # 2**

NAME	_____	NAME	_____
ADDRESS	_____	ADDRESS	_____
	_____		_____
S.S. #	_____	S.S. #	_____
PATRON #	_____	PATRON #	_____
VENDOR #	_____	VENDOR #	_____
% OF VOLUME	_____	% OF VOLUME	_____
SIGNATURE	_____	SIGNATURE	_____

**ALLOCATION # 3**

**ALLOCATION # 4**

NAME	_____	NAME	_____
ADDRESS	_____	ADDRESS	_____
	_____		_____
S.S. #	_____	S.S. #	_____
PATRON #	_____	PATRON #	_____
VENDOR#	_____	VENDOR #	_____
% OF VOLUME	_____	% OF VOLUME	_____
SIGNATURE	_____	SIGNATURE	_____

**ALLOCATION # 5**

**ALLOCATION # 6**

NAME	_____	NAME	_____
ADDRESS	_____	ADDRESS	_____
	_____		_____
S.S. #	_____	S.S. #	_____
PATRON #	_____	PATRON #	_____
VENDOR #	_____	VENDOR #	_____
% OF VOLUME	_____	% OF VOLUME	_____
SIGNATURE	_____	SIGNATURE	_____

I AFFIRM THAT THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE	_____	DATE	_____
	(Officer \ Member \ Patron)		

\*\* PLEASE NOTIFY THE CO-OP IMMEDIATELY IF THIS INFORMATION CHANGES \*\*