		C	hinson Co	-op						
1060 5 ^{тн} AVE SE ,HUTCHINSON MN 55350 320-587-3079 OR 1-800-795-1299 FAX 320-587-7184 BUSINESS CREDIT APPLICATION										
Company name:	803									
Phone:	Fax:		E-mail:							
Registered company address:										
City:			State:	ZIP Code:						
Date business commenced:			l Federal Id:							
Sole proprietorship:	Parti	nership:	Corporation:	Other:						
OWNERS NAME:			SSN:							
BUSINESS AND CREDIT INFORMATION										
Primary business address:										
City:		State:		ZIP Code:						
How long at current address?										
Telephone:	Fax:	E-mail	:							
Bank name:										
Bank address:		Phone	:							
City:		State:		ZIP Code:						
Type of account	Accoun	it number								
Savings										
Checking										
Other										
	В	USINESS/	TRADE REFERENCES							
Company name:										
Address:										
City:		State:		ZIP Code:						
Phone:	Fax:	E-mail	:							
Type of account:										
Company name:										
Address:										
City:	-	State:		ZIP Code:						
Phone:	Fax:	E-mail	:							
Type of account:										
Company name:										
Address:		States		ZIP Code:						
City: Phone:	Fax:	State: E-mail		ZIP Code:						
Type of account:	Fax.	L-IIIdii								
		٨٥	GREEMENT							
1. All invoices are to be paid 30 days from	the date		-							
 All involces are to be paid 50 days from Claims arising from invoices must be made 										
 By submitting this application, you author that you have supplied. 				nd business/trade references						
 The signatures signed below also accept full personally guarantee all debts, finance charges, and cost of collection incurred by the company submitting this application. You also agree to pay a finance charge of 1 ½ % per month on any amount unpaid 										
after 30 days and to pay all collection cost, including reasonable attorney's fees.										
SIGNATURES										
Title:			Title:							

Date:

Date:

Form **W–9** (Rev. January 2011) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Print or type See Specific Instructions on page 2.	Business name/disregarded entity name, if different from above							
	Check appropriate box for federal tax classification (required): Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)							
	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)	1						
Par								
to avo reside entitie	your TIN in the appropriate box. The TIN provided must match the name given on the "Nam- oid backup withholding. For individuals, this is your social security number (SSN). However, the ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For othe es, it is your employer identification number (EIN). If you do not have a number, see <i>How to g</i> in page 3.	ora						
	. If the account is in more than one name, see the chart on page 4 for guidelines on whose ber to enter.	Employer identification number						
Par	t II Certification							
Under	r penalties of perjury, I certify that:							
1. Th	e number shown on this form is my correct taxpayer identification number (or I am waiting fo	r a number to be issued to me), and						

 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.

Sign Here	Signature of		
Here	U.S. person ►	Date ►	