

ASHBY EQUITY ASSOCIATION

101 Main Street • PO Box 40
Ashby, MN 56309-0040

Credit Application – Personal Accounts

Customer Name: Last First Initial

Street Address Mailing Address

City State / Zip Code

Social Security Number Date of Birth Phone Numbers

Present Employer Years There Own or Rent Home

Position (If self employed – nature of business) Monthly Household Income \$

Products Planning to Purchase:

___ Petroleum ___ Propane ___ NAPA / Services ___ Agronomy

Credit Policy & General Conditions: I understand the Ashby Equity credit policy as presented and agree to the terms as stated. I also agree that everything I have stated in this application is correct to the best of my knowledge. I also understand and agree that you may check my credit and employment history.

Applicant's Signature Date

Office Use:
Account # _____ Credit Limit \$ _____ Approved By: _____ Date: _____

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Customer:

To comply with federal laws in reporting 1099 dividends we must also report the social security numbers of all customers receiving dividends. If this is not reported, the Internal Revenue Service will assess your cooperative a \$50 penalty for each customer 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 ID number on file. Your cooperative patronage dividends need to be included as income on your tax return **ONLY** if you deduct these co-op purchases as a business expense. We appreciate your cooperation and prompt response.

PLEASE COMPLETE AND RETURN

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:

ASHBY EQUITY ASS'N

P.O. BOX 40 ASHBY, MN. 56309

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.

CHECK THIS BOX IF YOU HAVE BEEN NOTIFIED BY I.R.S. THAT YOU ARE SUBJECT TO BACKUP WITHHOLDING:

NAME AS SHOWN ON ACCOUNT _____

MAILING ADDRESS _____

SOCIAL SECURITY NUMBER _____

CITY STATE ZIP _____

FEDERAL IDENTIFICATION NUMBER _____

BIRTH DATE: ____/____/____

TELEPHONE NUMBER _____

CERTIFICATION: UNDER THE PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE _____

DATE _____

Office 218-747-2219 • Fax 218-747-2668 • Toll Free 888-836-8728
Agronomy 218-747-2255 • Energy 218-747-2778 • Station 218-747-2829