

ASHBY EQUITY ASSOCIATION

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

Credit Policy

Effective April 1, 2008, Ashby Equity Association implemented a new company credit policy for all accounts. The Board of Directors, Management and Staff understands the importance of extending convenience credit to our customers. For this reason, the new credit policy has been adopted. Please read the following credit terms.

Credit Policy

- Credit application must be completed and approved before an open account for convenience credit will allowed.
- The closing date of the billing cycle will be the end of the month, with monthly statements furnished for charge purchases. Payment will be due by the 25th of the month following the purchase.
- If an account is not paid in full by the 25th of the following month of purchase, the account will be charged a 5% late payment fee (\$5.00 minimum) on the previous months balance, plus the account will accrue a finance charge of 1.5% per month, equaling 18% annual rate.
- If the account is not paid prior to the next closing date, it will be considered past due. No additional charges can be made until it is paid, or payment arrangements have been approved by management.
- Late fees and finance charges will not apply to deferred billing programs and equal payment plans unless payment is not received by the 25th of the month they are due.
- A credit card transaction fee may be added for credit card payments on account. (See credit card use policy on back)
- If a customer is in default, customer agrees to pay cost of collection including attorney fees incurred by Ashby Equity Association.
- This disclosure notice is presented to you pursuant to its Articles of Incorporation and By-Laws.

Board of Directors and Management
Ashby Equity Association

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

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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:			<input type="checkbox"/>
NAME AS SHOWN ON ACCOUNT _____			
MAILING ADDRESS _____		SOCIAL SECURITY NUMBER _____	
CITY _____	STATE _____	ZIP _____	
BIRTH DATE: ____/____/____		FEDERAL IDENTIFICATION NUMBER _____	
		TELEPHONE NUMBER _____	
CERTIFICATION : UNDER THE PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT, AND COMPLETE.			
SIGNATURE _____		DATE _____	



Form ST3, Certificate of Exemption

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

Seller: If this certificate is not 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. This certificate 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 purchases for a specific job. Enter the exempt entity name and specific project:

Exempt entity name _____ Project description _____

Name of Purchaser _____

Business Address _____ City _____ State _____ ZIP code _____

Purchaser's Tax ID Number _____ State of Issue _____

If no tax ID number, FEIN Driver's license number/State issued ID number
Enter one of the following: 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

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

Reason for Exemption (See Instructions)

- A Federal government (department) _____
- B Specific government exemption _____
- C Tribal government (name) _____
- D Foreign diplomat # _____
- E Charitable organization # _____
- F Educational organization # _____
- G Religious organization # _____
- H Resale
- I Qualifying capital equipment (see instructions when equipment claimed is part of a construction project)
- J Agricultural production
- K Industrial production/manufacturing
- L Direct pay authorization
- M Multiple points of use (services, digital goods, or computer software delivered electronically)
- N Direct mail
- O Other (enter number from instructions) _____
- P Percentage exemption
 - Advertising (enter percentage) _____ %
 - Utilities (enter percentage) _____ %
 - 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 _____