

#### APPLICATION FOR CO-OP ACCOUNT

□ Cash Only

□ Credit

Today's Date: / Home Phone ( ) Joint Account Y N Cell Phone ( ) E-mail Address: Applicant Name: \_\_\_\_\_ Co-Applicant Name: \_\_\_\_\_ Physical Address: \_\_\_\_\_ City: \_\_\_\_ State: \_\_\_ Zip: \_\_\_\_ Mailing Address: \_\_\_\_\_ City: \_\_\_\_ State: \_\_\_ Zip: \_\_\_\_ Previous Address: \_\_\_\_\_ City: \_\_\_\_ State: \_\_\_ Zip: \_\_\_\_ Applicant DOB: \_\_\_\_\_ Applicant SS#: \_\_\_\_ Applicant DL#: Co-App DOB: \_\_\_\_\_ Co-App SS#: \_\_\_\_ Co-App DL#: \_\_\_\_ For Store account: What will you purchase: (select below) Approx. \$ per month: ☐ Bottled Gases ☐ Clothing ☐ General Merchandise ☐ Feed ☐ Gas/Diesel ☐ Fertilizer ☐ Fencing ☐ Home Heating Fuel ☐ Pet Food ☐ Twine For Propane account: Previous Propane Company: **EMPLOYMENT** Applicant Employer: Position: How long: Address: \_\_\_\_\_ City: \_\_\_\_ State: Phone:( ) -Co-App Employer: \_\_\_\_\_ Position: \_\_\_\_ How long: Address: \_\_\_\_\_ City: \_\_\_\_ State: \_\_\_\_ Phone:( ) -INCOME Monthly take-home pay: Applicant: \$\_\_\_\_\_\_ Co-Applicant: \$ DO YOU WISH TO RECEIVE PATRONAGE DIVIDENDS? YES NO If YES, you must fill out the attached W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION to be eligible to receive Patronage Dividends. To whatever extent your Co-Op purchases are to be used in a business activity, you are required to report your patronage dividends (both cash and stock) as taxable income. If your purchases are for personal or household use the dividend you received during the current year is considered to be a "reduction in purchase price" and is not reportable by you to the IRS. If you qualify as a producer, you have the option to purchase a \$25 voting share. AUTHORIZATION FOR RELEASE OF INFORMATION I hereby authorize my creditors, employer(s) and landlord(s) to release either by phone, fax or in writing, information which may include current and previous credit history and credit data on my mortgage and/or rent payment records to Co-Op Gas & Supply for the purpose of establishing an account. Furthermore, I understand that using a photocopy or a fax of this form may be necessary to complete verification of data and will be fully accepted as if it were the original. Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Co-Applicant Signature: \_\_\_\_\_ Date:

# DISCLOSURE OF AND AGREEMENT TO TERMS AND CONDITIONS OF CREDIT TRANSACTIONS

- 1. CHARGE ACCOUNTS WITH CO-OP GAS AND SUPPLY COMPANY, INC., ARE TO BE PAID IN FULL EACH MONTH. Our due date is the fifteenth (15<sup>th</sup>) day of each month. We do not offer revolving (i.e. Visa/Sears) charge accounts. Accounts not paid by month end are considered past due. Accounts that remain past due for a second month are subject to lockout and placement on cash only (COD).
- 2. A **FINANCE CHARGE** will be imposed on the past due balance on the closing date of each month's billing cycle. The closing date of the billing cycle appears in the lower left hand corner of your statement which is on or about the twenty-fifth (25<sup>th</sup>) day of each month.
- 3. The past due balance is computed by deducting all payments and credits received during the month from the previous balance. The previous balance is the amount, including accrued **FINANCE CHARGE**, which was due on the first day of the billing cycle. Payments received on account will be credited first against any previous balance.
- 4. The customer will incur no **FINANCE CHARGE** on any previous balance, which is paid in full on or before the closing date of the billing cycle.
- 5. The amount on which a **FINANCE CHARGE** shall be imposed is the past due balance which remains unpaid on the closing date of the billing cycle. The amount of the **FINANCE CHARGE** shall be determined by multiplying the unpaid past due balance by a periodic rate of 1.5% per month (or by charging a minimum **FINANCE CHARGE** of \$2.50, whichever is greater). The corresponding **NOMINAL ANNUAL PERCENTAGE RATE** is 18%.
- 6. If any past due balance is turned over to an attorney or collection agency for demand of payment, the customer shall pay, in addition to the past due balance, all attorney and collection fees actually incurred by Co-Op Gas & Supply Co. Inc. in such suit.

See the reverse side of your statement for important information regarding you rights to dispute any billing errors.

I acknowledge receipt of the foregoing disclosure, of which I may re	tain a
copy, and by signing below agree to its terms and conditions.	

	/ /		/	/
Customer Name	Date	Co-Applicant		



## **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
	2 Business name/disregarded entity name, if different from above			
page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):		
e. ins or	Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	☐ Trust/estate	Exempt payee code (if any)	
t de la compa	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners	ship) ►		
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member ow LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the or another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any)		
cifi	Other (see instructions)		(Applies to accounts maintained outside the U.S.)	
Spe		Requester's name a	nd address (optional)	
See				
•	6 City, state, and ZIP code			
	7 List account number(s) here (optional)			
Par	t I Taxpayer Identification Number (TIN)			
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	oid Social sec	urity number	
reside	up withholding. For individuals, this is generally your social security number (SSN). However, for ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>	] - [ ] - [ ]		
TIN, la	ater.	or		
Treter in the decedant le in more than one harrie, dece the metractions for the 1.7 tice dece 777 at 7 and and			identification number	
Numb	per To Give the Requester for guidelines on whose number to enter.		-	
Par	t II Certification			
Unde	r penalties of perjury, I certify that:			
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for a n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest o longer subject to backup withholding; and	I have not been no	otified by the Internal Revenue	
3. I ar	m a U.S. citizen or other U.S. person (defined below); and			
4 The	PATCA code(s) entered on this form (if any) indicating that I am exempt from EATCA reporting	n is correct		

The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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,

Sign Here	Signature of	Date ▶	
		re not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, late	
acquisition	ı or abandonment of secu	property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, paymen	nts

## **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN). individual taxpaver identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

### BENEFITS OF JOINING THE CO-OP

- 1. The Co-Op Gas & Supply Co. Inc, is located at 125 Tibbetts Lane, Ponderay Idaho.
- 2. It is not necessary to be a member to patronize (shop at) the Co-Op.
- 3. There is no cost to become a member patron. You simply need to open an account.
- 4. The Co-Op is locally owned, operated, and managed.
- 5. The Co-Op offers local credit accounts on approved credit and membership accounts for those who would only like to record patronage of dividends.
- 6. The Co-Op strives to offer a large variety of farm and home products so that the patron customer will receive the best possible value with quality of goods and services at competitive prices. We carry brand names such as CHS, Ace Hardware, AC Delco, Hillman, Craftsman, Service Pro, Power Punch, Union 76 Products, LMF, Nutro, Lignetics of Idaho, North Idaho Energy Logs, United Hardware, Petrogas, Liquid Air Bottled Gases, Carhartt, Key, and many more.
- 7. We give members a per gallon discount for using their Co-Op convenience card at the pumps of our Ponderay fueling station.
- 8. The Co-Op offers home delivery of fuels, propane, farm commodities, wood pellets, energy logs, feed, and many other items.
- 9. The Co-Op has the collective buying power with many vendors/suppliers to offer special ordering privileges if the desired item is not in inventory.
- 10. Our Co-Op employee staff offers a wide range of experience and expertise. We hold consumer information seminars from time to time.
- 11. In profitable years, the member patrons receive a return on their patronage and ownership.
- 12. As a common stockholder member, you have the democratic right to participate in the governance of the company by voting for members of the Board of Directors.
- 13. Belonging to the Co-Op Gas & Supply Co. Inc., is a reinvestment into your local community, THAT is a cooperative's spirit and future. Hence the slogan:

**NEIGHBORS HELPING NEIGHBORS SINCE 1934**