

NEW MEMBER CHECKLIST

(Call Kirsten at the Morgan Office at 507-249-3196 with questions)



FARMWARD
COOPERATIVE

All new members must complete the following forms:

- Credit / Member Application and Credit Agreement
- If purchasing agronomy products, provide a detailed financial statement with any applicable schedules (balance sheet) dated within six months of the Credit Application
- W9
 - Required by the IRS for the reporting of Farmward qualified patronage allocations
- Certificate of Exemption (“ST3”)
 - Required for certification of sales tax exemption if the new member is eligible
 - Complete the sections highlighted in yellow
 - Not required if new member is not eligible for a sales tax exemption

In addition to the documents above, if the new member is a Corporation, Partnership or Limited Liability Company, then the following additional documents are required:

Corporation:

- Certification of Shareholders and Officers for Corporation
- Personal Guarantee
 - From all Shareholders

Partnership:

- Certificate of Partners and Managing Partners for Partnership
- Personal Guarantee
 - From all Partners

Limited Liability Company:

- Certificate of Members and Officers for Limited Liability Company
- Personal Guarantee
 - From all Members

To return the new member packages, use one of the following methods:

If mailed:
Farmward Cooperative
C/O Kirsten McDonald
P.O. Box 278
Morgan, MN 56266

If scanned and emailed:
AR@farmward.net

If faxed:
507-641-2179



Amount of Credit Requested: \$	Type of Operation: <input type="checkbox"/> Agriculture <input type="checkbox"/> Consumer <input type="checkbox"/> Commercial
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Check Product(s) interested in purchasing: <input type="checkbox"/> Cardtrol <input type="checkbox"/> Diesel <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane <input type="checkbox"/> Agronomy <input type="checkbox"/> Grain <input type="checkbox"/> Feed <input type="checkbox"/> All Products
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Applicant is an: <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (if non-individual, additional info required)

If Applicant is an Entity, Entity Legal Name:	TIN/EIN#:
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APPLICANT INFORMATION (For non-individual applicants, provide key owner information)

Applicant/Entity Owner Last Name:	First:	M:
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Social Security#:	Date of Birth:
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Home Phone:	Cell Phone:	E-mail:
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Address:	City:	State:	Zip Code:	Yr Began Farming:
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Years at Present Address:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	If at present address less than 5 years, former address (street, town, state, zip):
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Current Employer:	Years at Employer:	Position:
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Employer Address:	Employer Business Phone:	Supervisor:	Annual Wages:
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CO-APPLICANT: (Complete this part if another person will use this account. Co-Applicant must sign this Agreement)

Co-Applicant/Entity Owner Last Name:	First:	M:
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Social Security #:	Date of Birth:
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Home Phone:	Cell Phone:	E-mail:
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Address:	City:	State:	Zip Code:	Yr Began Farming:
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Years at Present Address:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	If at present address less than 5 years, former address (street, town, state, zip):
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Current Employer:	Years at Employer:	Position:
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Employer Address:	Employer Business Phone:	Supervisor:	Annual Wages:
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TRADE AND CREDIT REFERENCES AND QUESTIONS

Has the applicant filed bankruptcy within the past seven years: <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, provide date of filing:

Name & Address of references:	Account#:	Phone:	Current Balance:
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Lender:			\$
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Trade:			\$
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Trade:			\$
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For agronomy and feed applicants please provide a current financial statement (balance sheet)

For monthly statements, would Applicant like to go paperless and receive statements via email: Yes No

Statements will also be available online on Farmward's customer portal, Grower360.

Applicant acknowledges that all information provided by Applicant in this Agreement along with any supporting documents is true and correct. Farmward is hereby authorized to verify Applicant's or Applicant's owners, if entity, credit and employment history, to obtain credit reports and to report Applicant's performance under this Agreement to credit reporting agencies. Farmward is authorized to obtain periodic credit reports from a credit reporting agency but not more frequently than annually to assess Applicant's continuing qualifications for credit privileges from Farmward.

IMPORTANT: PLEASE READ THE REVERSE SIDE OF THIS PAGE BEFORE SIGNING THIS AGREEMENT

Applicant	Co-Applicant
Signature:	Signature:
If Entity: Its:	If Entity: Its:
Date:	Date:

For Office Use Only:
Account #: _____ Credit Limit: _____ Date Approved: _____ By Whom: _____

On this page, Applicant shall mean Applicant and Co-Applicant

Regulation Z Disclosures

As required by Federal Laws. This disclosure is included as terms of this Agreement.

What is the annual percentage rate (APR) for account balances not paid when due?	Farmward charges an APR of 1.5% per month (18% per annum) on all account balances not paid when due. All payments received shall first be applied to any unpaid finance charges.
Are there other charges in addition to the finance charge?	Yes. A \$25 charge is assessed for checks that are returned for non sufficient funds. In the event Farmward initiates collection proceedings to collect amounts due, all costs of collection including reasonable attorney's fees incurred or paid by Farmward in order to collect the amount due shall be added to the amount due and paid by Applicant unless prohibited by law.
Does Farmward take a security interest in Applicant's assets?	Usually not, but there are instances when Farmward will request a perfected security interest either in the items Applicant is purchasing and/or in other collateral Applicant has an interest in. If additional security is requested, it will secure previous credit extended plus credit extended in the future as well.
Does Farmward have a first lien on Applicant's equity in Farmward and the right to offset against it?	Yes it does. Part of Farmward's earnings are distributed to qualifying patrons in the form of equities in Farmward, which are eventually revolved according to policies established by Farmward's Board of Directors. Farmward's bylaws give Farmward a first lien on any equities Applicant earns from patronizing Farmward. Farmward, at its sole discretion, may offset those equities against accounts that it considers uncollectible. Farmward reserves the right to discount equities if it exercises its right of offset.
Is there a point where Applicant's payment terms will be cash on delivery (COD) if Applicant's account is not paid?	Yes. Accounts must be paid in full when due. If the account is not paid, Applicant may be required to pay cash for purchases thereafter. In addition, Farmward reserves the right to place any account holder on immediate COD anytime Farmward has reasonable belief that repayment will not be made in accordance with the credit policy, or if Farmward does not want to extend credit for any reason that is not otherwise unlawful.
Is there a minimum amount due?	Yes, Farmward is not in business of providing financing to its customers. Farmward provides convenience credit, and the credit policy requires payment of the account in full by the due date. Farmward may, but is not obligated to, continue extending credit to those who do not pay their account in accordance with Farmward's credit policy. All payments are to be sent to Farmward at 711 Front St., P.O. Box 278, Morgan, MN 56266 or remitted via Farmward's customer portal, Grower360.
L.P. Gas Tank Lease Cross Default	Any default in payment of the credit extended by Farmward will trigger an immediate cross default in Applicant's LP Gas Tank Lease, if any, in existence at the time of the default.

Agreement: Applicant agrees to pay all account balances by the due date as indicated in the account statement and understands that Farmward may suspend or revoke the extension of further credit at any time in Farmward's sole discretion. At the sole discretion of Farmward and under terms acceptable to Farmward, extended credit terms may be offered.

Indemnification of Farmward for Inquiries Made to Applicant's Employer and Credit and Trade References: Applicant grants permission to Farmward and any reference above named to answer any Farmward inquiry. Applicant releases Farmward, its employees, agents and assigns as well as all references from any and all claims or causes of action, however described, which in any way arise from or relate to information provided by the references including claims for damages or equitable relief. Applicant shall defend and indemnify Farmward from and against any and all claims brought by third-parties which in any manner arise from or relate to inquiries made to the provided references and/or the information provided to Farmward by those references, or Farmward's decision not to extend credit based on the provided information. The Applicant shall hold Farmward harmless from the receipt and use of credit reports about the Applicant or the Applicant's guarantor.

Patronage Consent Agreement and Payment Acknowledgement: Farmward is a Minnesota Corporation organized, operated and taxed as a Cooperative. Applicant agrees that the amount of any patronage refunds/allocations with respect to business conducted with Farmward which are made in written notices of allocation (as defined in 26 U.S.C 1388) and which are received from Farmward will be taken into account at their stated dollar amounts in the manner provided in 26 U.S.C 1388 in the taxable year received. Any patronage or equity redemption payment issued to Applicant must be cashed within six months of issuance. If not cashed within six months, the uncashed amount shall be deemed to be a contribution to Farmward's unallocated surplus.

Failure to Inform Farmward of a Change of Address: Applicant must inform Farmward of any change of address. If Farmward is unable to reach the Applicant at the address provided by Applicant, Farmward may deem any equity Farmward previously allocated to Applicant and not redeemed as equity contributed from the Applicant's equity account to Farmward's unallocated surplus.

Farmward Bylaws: A copy of Farmward's bylaws shall be placed in Farmward's customer portal, Grower360.

Electronic Signatures and Facsimile: The manually executed or electronically transmitted signature of any, some or all of the parties hereto shall be deemed to be an original, including electronic signatures submitted in accordance with the Electronic Signatures in Global and National Commerce Act, 15 U.S.C. § 7001, et seq. (E-SIGN ACT). This Agreement may be executed in multiple, original counterparts, each of which shall constitute and serve as an original hereof (even if transmitted by facsimile or electronically) but all of which when taken together shall constitute one and the same Agreement.

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	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	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional) Farmward Cooperative PO Box 278 Morgan, MN 56266-0278
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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, 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 for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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 taxpayer 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, later.*

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, Enter one of the following:	FEIN	Driver's license number/State issued ID number
		State of Issue Number

Name of seller from whom you are purchasing, leasing, or renting

Farmward Cooperative

Seller's Address	City	State	ZIP code
PO Box 278	Morgan	MN	56266-0278

Type of Business

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

Reason for Exemption (See Instructions)

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



PERSONAL GUARANTEE

(To be completed by all non-individual new member and credit applicants)

Each of the undersigned hereby guarantees full payment of all present and future indebtedness of _____ (Farmward Account Holder). This guarantee is open and continuous and is given to induce Farmward Cooperative to extend credit to Farmward Account Holder. At any time, Farmward, may, without notice, extend credit to Farmward Account Holder or modify, renew, extend, or compromise any indebtedness; take, subordinate, or release any security interests; release Farmward Account Holder or any other guarantor from any liability for indebtedness and otherwise deal with Farmward Account Holder and other guarantors in any manner deemed fit, without waiving the effectiveness of this personal guaranty. Each guarantor grants Farmward, the authority to pull credit bureau reports on each guarantor. Each guarantor waives presentment, demand, protests, and notice of any kind. If there is more than one guarantor, the obligations are joint and several. Farmward may bring a separate action against any guarantor without first proceeding against Farmward Account Holder, or any other person or security, and without pursuing any other remedy. In any proceeding to interpret or enforce this personal guarantee, Farmward, shall be entitled to recover all its costs and attorney fees from any personal guarantor. All notices regarding this personal guarantee must be sent to Farmward, PO Box 278, 711 North Front Street, Morgan, MN 56266. Each guarantor hereby consents to the jurisdiction of the Courts of the State of Minnesota and the County of Redwood. This personal guarantee shall remain effective until revoked by the undersigned by notice in writing to Farmward. Such a revocation shall be effective only as to amounts due which arise out of new contracts or transactions entered into more than 30 days after receipt of notice by Farmward. Such notice must be given by certified mail to Farmward.

PERSON ONE:

PERSON TWO:

Guarantor Name (print) Title

Guarantor Name (print) Title

Guarantor Social Security Number

Guarantor Social Security Number

Guarantor Signature Date

Guarantor Signature Date

PERSON THREE:

PERSON FOUR:

Guarantor Name (print) Title

Guarantor Name (print) Title

Guarantor Social Security Number

Guarantor Social Security Number

Guarantor Signature Date

Guarantor Signature Date



FARMWARD
COOPERATIVE

**CERTIFICATION OF
STOCKHOLDERS AND OFFICERS
FOR CORPORATION**

I, _____, do hereby certify that I am the duly elected, qualified, and acting _____ and the custodian of the records and seal of _____ (the "Corporation").

I also certify that the Corporation is a corporation duly organized and validly existing under the laws of the state of _____ and is authorized to do business in the state of _____. The Corporation is in good standing under both the laws of the aforesaid state of organization and the aforesaid state in which it is authorized to do business.

I further certify that the following is a correct and current list of all stockholders and officers of the Corporation:

Name of Stockholder	Signature of Stockholder	Title, if any	% Ownership in Corp.	Date of Birth	Social Security Number

Farmward Cooperative shall be entitled to rely upon this certificate until written notice of its amendment or rescission shall have been received by Farmward and receipt of such notice shall not affect any actions taken by Farmward prior thereto.

Farmward requires that all stockholders and officers be personally liable for accounts made with Farmward.

IN WITNESS WHEREOF, I have hereunto subscribed my name this _____ day of _____, 20____.

By: _____

Title: _____



FARMWARD
COOPERATIVE

**CERTIFICATION OF
PARTNERS AND MANAGING PARTNERS
FOR PARTNERSHIP**

I, _____, do hereby certify that I am the _____, and the custodian of the records of _____ (the "Partnership").

I also certify that the Partnership is a partnership duly organized and validly existing under the laws of the state of _____ and is authorized to do business in the state of _____. The Partnership is in good standing under both the laws of the aforesaid state of organization and the aforesaid state in which it is authorized to do business.

I further certify that the following is a correct, current and complete list of all partners and managing partners of the Partnership:

Name of Partner	Signature of Partner	Title	% Ownership in Partnership	Date of Birth	Social Security Number

Farmward Cooperative shall be entitled to rely upon this certificate until written notice of its amendment or rescission shall have been received by Farmward and receipt of such notice shall not affect any action taken by Farmward prior thereto.

Farmward requires that all partners and managing partners be personally liable for _____ balances accounts made with Farmward.

IN WITNESS WHEREOF, I have hereunto subscribed my name this _____ day of _____, 20__.

By: _____

Title: _____



FARMWARD
COOPERATIVE

**CERTIFICATION OF
MEMBERS AND OFFICERS
FOR LIMITED LIABILITY COMPANY**

I, _____, do hereby certify that I am the duly elected, qualified, and acting _____ and the custodian of the records and seal of _____ (the "Company").

I also certify that the Company is a limited liability company duly organized and validly existing under the laws of the state of _____ and is authorized to do business in the state of _____. The Company is in good standing under both the laws of the aforesaid state of organization and the aforesaid state in which it is authorized to do business.

I further certify that the following is a correct, current and complete list of all members and officers or managers of the Company:

Name of Member	Signature of Member	Title	% Ownership in Company	Date of Birth	Social Security Number
		Chief Manager			
		Manager			

Farmward Cooperative shall be entitled to rely upon this certificate until written notice of its amendment or rescission shall have been received by Farmward and receipt of such notice shall not affect any actions taken by Farmward prior thereto.

Farmward typically requires that all members and officers or managers be personally liable for accounts made with Farmward.

IN WITNESS WHEREOF, I have hereunto subscribed my name this _____ day of _____, 20__.

By: _____

Title: _____