

FOR STORE CUSTOMERS ONLY - NOT TO BE USED FOR PROPANE ACCOUNTS



Farmers Supply

P.O. BOX 266 BURLINGTON WA 98233
(360) 757-6053 FAX (360) 757-4143

**APPLICATION FOR MEMBERSHIP
AND SUBSTITUTE FORM W-9 INFORMATION**

(Skagit Farmers Supply Use Only)

ACCOUNT NUMBER

MEMBER STATUS

DATE APPROVED

COMPLETE AS AN INDIVIDUAL OR ENTITY

INDIVIDUALS

PRIMARY APPLICANT- NAME: First Middle Initial Last			Social Security Number	
			- -	
JOINT APPLICANT- NAME: First Middle Initial Last			Social Security Number	
			- -	

Social Security numbers are required for us to report Patronage/Stock Earnings and Refunds to the IRS. If you decline to provide us with your SSN#, please read and initial: I understand that by not providing my Social Security number I waive all rights to Patronage/Stock Earnings and Refunds. (initial to decline to provide SSN#)

ADDRESS		CITY		STATE	ZIP
MAIN PHONE #	CELL PHONE #	FAX #	E-MAIL ADDRESS AND/OR OTHER CONTACT INFO		

BUSINESS

<input checked="" type="checkbox"/> TYPE	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LLC	<input type="checkbox"/> OTHER (SPECIFY)
NAME OF ENTITY OR DBA NAME				FEDERAL ID NUMBER	
PRINCIPAL OFFICER & AUTHORIZED AGENT				TITLE	
CONTACT NAME				TITLE	
ADDRESS		CITY		STATE	ZIP
MAIN PHONE #	CELL PHONE #	FAX #	E-MAIL ADDRESS AND/OR OTHER CONTACT INFO		

I/We the undersigned hereby apply for membership in Skagit Farmers Supply, agree to patronize Skagit Farmers on a cooperative basis and to abide by its articles of incorporation and bylaws now or hereafter in effect as a producer-member or an associate-member. It is understood that producer-members must be elected to membership by the Board of Directors and to be eligible must be agricultural producers who receive the majority of their income from the production and sale of food or fiber. I/We agree to accept any tax liability as a result of patronage dividends that may occur. Under penalties of perjury, I/We certify that:

1. The number(s) shown on this application is(are) the correct taxpayer identification number(s) and
2. I/We am/are not subject to backup withholding and
3. I/We am/are a U.S. person or entity (including a U.S. resident alien).

PRIMARY APPLICANT SIGNATURE DATE _____ JOINT APPLICANT SIGNATURE DATE _____

OR

BUSINESS APPLICANT NAME: _____

BY: _____ TITLE _____ DATE _____
(SIGNATURE)

Note: If credit is desired use "Application for Credit & Membership"