



Farmers Supply

P.O. BOX 266 BURLINGTON WA 98233
 PHONE (360) 757-6053 FAX (360) 757-4143
 credit@skagitfarmers.com

APPLICATION FOR CREDIT & MEMBERSHIP WITH SUBSTITUTE FORM W-9 INFORMATION

ACCOUNT NUMBER
\$
CREDIT LIMIT
DATE APPROVED (Skagit Farmers Supply Use Only)

ACCOUNT NUMBER
MEMBER STATUS
DATE APPROVED (Skagit Farmer Supply Use Only)

IS THIS FOR A PROPANE ACCOUNT? YES NO

APPLICANT/ JOINT APPLICANT – If not living together submit separate application

PRIMARY APPLICANT/OWNER/GUARANTOR - First Middle Initial & Last Name		Birth Date	Social Security Number		
JOINT APPLICANT/CO-OWNER/GUARANTOR - First Middle Initial & Last Name		Birth Date	Social Security Number		
Mailing Address		City	State	Zip	
Delivery Address (if different than mailing address)		City	State	Zip	
Main Phone #	Cell Phone #	E-Mail		Bank Institution And Branch	
# Years At This Address	Own	Monthly Mortgage, Rent or Lease Payment	\$	Other income, if alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.	
	Rent				
	Other				
Present Employer – Primary Applicant		Position/Title	Yrs.	Gross Monthly Salary	Other Income
Present Employer – Joint Applicant		Position/Title	Yrs.	Gross Monthly Salary	Other Income

BUSINESS APPLICANTS

Name Of Entity and dba, if applicable				Federal ID No or Social Security No	
Type Of Business	Date Started	If Ag Bus - Crops & Acres Farmed	Annual Gross Income \$	Annual Net Income \$	
Address Of Headquarters			City	State	Zip
Main Phone #	Cell Phone #	E-Mail		Bank Institution And Branch	
Type <input checked="" type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	Corporation (state) <input type="checkbox"/>	Partnership <input type="checkbox"/>	LLC (state) <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
Names of officers of corporation, other partners, or members of LLC					
If in business less than 3 years, prior names of businesses owned or operated by Applicant					
Authorized Agent Name (In Addition to Applicant)			Title	Amount of Credit Requested	

CREDIT REFERENCES – REQUIRED FOR BUSINESS APPLICANTS ONLY

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Would you like a Gas Card? _____ How many cards would you like? _____

What name(s) should be printed on the card(s)? _____

RETAIN A COPY OF THIS APPLICATION. IT CONTAINS THE TERMS AND CONDITIONS THAT WILL GOVERN THE RIGHTS OF THE PARTIES.

TERMS AND CONDITIONS OF CREDIT RELATIONSHIP

Applicant agrees that any extension of credit is subject to the terms and conditions set forth herein and in invoices issued to Applicant. No other terms and conditions shall become part of any sales agreement, purchase order, or other transaction, unless set forth in writing and signed by both parties. If Skagit Farmers Supply ("SFS") agrees to extend credit, all decisions regarding the granting or continuation of credit are at the sole discretion of SFS and may be terminated at any time. Applicant hereby authorizes SFS to contact credit reporting services and other third parties to determine Applicant's creditworthiness and authorizes the release of credit information from those entities to SFS. SFS assumes Applicant is solvent. Continued solvency is a precondition to any sale made by SFS. Applicant agrees to update this Application and provide financial statements upon request, and further agrees that, if there any outstanding balances currently owing, those obligations shall also be governed by this Agreement.

Applicant hereby agrees that, if credit is granted to Applicant, members of Applicant's family, or persons in the employ or agents of Applicant, Applicant will pay all charges made on Applicant's account. In the event of a lost or stolen card, charge customers are responsible for all transactions made prior to notifying SFS at 360-757-6053 of the loss. Acceptance of goods, without notification to SFS of dispute or defect, shall be deemed an admission of liability for the amounts referenced in the invoice. Charges made during the month are billed on the last business day of that month and statements are mailed as soon thereafter as they can be processed. Statement balances are due and payable in full by the last day of the month in which they are mailed. If there are any parts of the bill that you believe are wrong or you need more information about a transaction you must send your inquiry in writing to SFS within 30 days after the bill was mailed to you. Any unpaid balance owed from the previous billing cycle may be subject to a Finance Charge as set forth below. SFS reserves the right to change these charges. Payment received may be applied against open charges at the discretion of SFS. All payments received or credits given may be applied first to any finance charges and the remainder to the principal balance due. Applicant agrees to be responsible for all collection costs and attorneys' fees incurred by SFS in connection with any delinquent account. The laws of the State of Washington shall be applicable to any action arising out of this Application. The parties agree that Skagit County is the appropriate venue for such an action.

ANNUAL PERCENTAGE RATE	18.0%
METHOD OF COMPUTING BALANCE FOR CHARGING FINANCE CHARGE	ANY UNPAID BALANCE OWED AT THE END OF THE PREVIOUS BILLING CYCLE.
MINIMUM FINANCE CHARGE	\$1.00

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants based on race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington D.C. 20580. If credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact the Credit Division at SFS at the above address within sixty (60) days from the date you were notified of the decision to deny credit. SFS will send you a written statement of the reason(s) for denial within thirty (30) days of receiving your request.

MEMBERSHIP APPLICATION (SUBSTITUTE W-9) (MUST BE COMPLETED TO BE ELIGIBLE FOR PATRONAGE DIVIDENDS)

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 a non-voting member. It is understood that producer-members must be elected to membership by the Board of Directors and to be eligible must be full time agricultural producers who receive the majority of their income from the production and sale of food or fiber as defined by the Internal Revenue Service. Under penalties of perjury, I/We certify that:

1. The number shown on this application is the correct taxpayer identification number and
2. I, the principal applicant for membership am not subject to backup withholding and
3. I am a U.S. person or entity (including a U.S. resident alien).

BY THE SIGNATURE BELOW, APPLICANT STATES THAT IT HAS READ, UNDERSTANDS, AND AGREES TO THE TERMS AND CONDITIONS SET FORTH HEREIN AND FURTHER CERTIFIES THAT ALL OF THE INFORMATION CONTAINED IN THE APPLICATION AND ANY ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF THEIR INFORMATION, KNOWLEDGE, AND BELIEF AND FURTHER CERTIFIES THAT HE/SHE IS AUTHORIZED TO EXECUTE THIS APPLICATION ON BEHALF OF APPLICANT.

X _____ DATE _____ X _____ DATE _____
 PRIMARY APPLICANT SIGNATURE JOINT APPLICANT SIGNATURE

BUSINESS ENTITY APPLICANT NAME: _____

BY: _____ TITLE: _____ DATE _____

APPLICANT SHOULD RETAIN A COPY OF THIS APPLICATION AS IT CONTAINS THE TERMS AND CONDITIONS THAT WILL GOVERN THE RIGHTS OF THE PARTIES SHOULD CREDIT BE EXTENDED.

PERSONAL GUARANTEE – FOR BUSINESS ENTITY APPLICANTS ONLY

For and in consideration of Skagit Farmers Supply (SFS) extending credit to the business named in this Application, the undersigned hereby personally guarantee to SFS the payment of any obligation of the business or its successors and I hereby agree to bind myself to pay SFS on demand any sum which may become due to SFS by the business whenever the business or its successors shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guaranty and indemnity for all indebtedness of the business or its successor(s). The undersigned hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

NAME (PRINTED) _____ SIGNATURE _____ DATE: _____

NAME (PRINTED) _____ SIGNATURE _____ DATE: _____