

Consumers Cooperative Oil Company  
758 Phillips BLVD  
Sauk City, WI 53583  
608-643-3301  
Website: [www.cenex1.com](http://www.cenex1.com)  
Email address: [inquiries@cenex1.com](mailto:inquiries@cenex1.com)

**Commercial Credit Application and Agreement**

Please print or type

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

How long at current business address: \_\_\_\_\_

If less than 1 year, please provide previous address: \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Business Website: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Name of principal responsible for business accounts payable: \_\_\_\_\_

Accounts payable Email: \_\_\_\_\_

Federal ID No. \_\_\_\_\_ Dunn and Bradstreet No. \_\_\_\_\_

Billing Address: \_\_\_\_\_

State Sales Tax to be collected: Yes / No

If no, State Sales Tax Exemption \_\_\_\_\_ Resale Certificate \_\_\_\_\_

Business annual revenue: \_\_\_\_\_ No. of Employees \_\_\_\_\_

**Company Information**

Type of Business: \_\_\_\_\_

Is your business (Please check one):

Sole Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ LLC: \_\_\_\_\_ Corporation \_\_\_\_\_

If LLC or Corporation, date of organization / incorporation: \_\_\_\_\_ State \_\_\_\_\_

If sole proprietor:

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Name	Home Address	Phone:	Social Security No.
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If partnership, LLC or corporation, list partners / members / officers:

Name	Title	Home Address/Phone	Social Security No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If Division / Subsidiary, name of Parent Company: \_\_\_\_\_

Parent company business address: \_\_\_\_\_

Are purchase order numbers required on all invoices? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Dollar amount of estimated purchase / charges per month: \_\_\_\_\_

### References

Trade References:

Name	Address/Phone	Email Address	Account No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Bank References: List information for principal bank (s)

Name of Bank	Phone No.	Account No.
1.	_____	_____
2.	_____	_____

Please use an additional piece of paper or pre-prepared reference request authorization for complete reference and bank information.

**Agreement**

I am an authorized representative of the Applicant requesting credit per the attached Application (hereinafter "Applicant") and herein agree to the following terms and conditions:

1. I am an authorized person and hereby certify that the information contained herein is complete and accurate and I understand that this information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended.
2. If credit is granted, Applicant shall promise to pay all bills when rendered.
3. If credit is granted, the Applicant hereby agrees to all the terms of conditions of Consumers Cooperative Oil Company Credit Policy, incorporated herein by reference, as may be amended from time to time.
4. If any legal proceedings, or collection action is taken with respect to any amount owed by Applicant, Applicant agrees to pay all expenses and costs, including attorney fees, incurred by Consumers Cooperative Oil Company.
5. The applicant shall not transfer or assign this agreement without the prior written consent of Consumers Cooperative Oil Company.
6. I give my permission, as an authorized representative of the Applicant, for Consumers Cooperative Oil Company to contact all companies and banks provided in the Credit Application to request that they release the Applicant's credit history to assist Consumers Cooperative Oil Company in determining whether and / or how much credit may be extended to the Applicant.
7. I acknowledge receipt of Consumers Cooperative "Duty to Warn and Propane Safety information.

As a condition to the extension of credit to the Applicant, the Applicant must provide to Consumers Cooperative Oil Company a letter of credit from a recognized lending institution or a continuing personal guarantee. The only exceptions made to this requirement will be at the sole discretion of management.

\_\_\_\_\_ Date \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

**Continuing Personal Guarantee**

For the purpose of extending credit for the firm applying for credit listed above, the undersigned hereby absolutely and unconditionally guarantees, on a continuing basis, payment of all present and future indebtedness.

This personal guarantee shall remain in effect until terminated by the undersigned by written notice to Consumers Cooperative Oil Company, in which event said guarantee shall still be applicable to any indebtedness of the firm listed above incurred prior to date such notice is received by Consumers Cooperative Oil Company:

Guarantor Printed Name: \_\_\_\_\_ Date

Guarantor Signature: \_\_\_\_\_

**INDIVIDUAL CONSENT AND CERTIFICATION OF TAXPAYER I.D. NUMBER**

LEGAL NAME: \_\_\_\_\_ TAX ID#, SSN or EIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ Birth Date: / /

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 **Consumers Coop Oil Company** with respect to my patronage occurring during the current and all subsequent taxable years of this cooperative. This consent shall be revocable by me at any time if in writing.

Certification – Under penalties of perjury, I certify that (1) 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 (2) 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.

Certification Instructions – You must cross out items (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding, you received another notification from the IRS that you are no longer subject to backup withholding, do not cross out item (2).

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_