

# **WESTERN WISCONSIN NUTRITION ACCOUNT APPLICATION**

Thank you for your interest in setting up an account with Western Wisconsin Nutrition.

Please complete the following:

- 1) Account application
- 2) W9 – we are required by the IRS to have a W9 on file for each customer.
- 3) Wisconsin Sales & Use Tax Exemption Certificate – this form is needed if you are exempt from paying sales tax on certain items. For example we must have one on file to exempt you from paying sales tax on feed.

You may return the paperwork to the office or mail it to Po Box 59 Ellsworth, WI 54011, or fax it to 715-273-4045

If you have any questions please contact Heather at: 651-923-4496 or 800-732-1439 (Goodhue office), 651-764-9491 (cell phone), or e-mail [heathers@agpartners.net](mailto:heathers@agpartners.net)

# WESTERN WISCONSIN NUTRITION ACCOUNT APPLICATION AND REVOLVING CREDIT AGREEMENT

LAST NAME		FIRST	INITIAL	SOCIAL SECURITY NUMBER		HOME PHONE:	CELL PHONE:
FARM NAME			FEDERAL ID #	E-mail address			
STREET ADDRESS		CITY	STATE	ZIP CODE	YEARS AT PRESENT ADDRESS	<input type="checkbox"/> Own <input type="checkbox"/> Rent	DATE OF BIRTH
PREVIOUS ADDRESS		CITY	STATE	ZIP CODE	YEARS THERE	NO. OF DEPENDENTS (INCLUDE YOURSELF)	
PRESENT EMPLOYER			YEARS THERE	POSITION (IF SELF-EMPLOYED - NATURE OF BUSINESS)			
ADDRESS		CITY	STATE	ZIP CODE	BUSINESS PHONE		
NAME OF SPOUSE			NAME AND PHONE NUMBER OF CLOSEST RELATIVE NOT LIVING WITH YOU				

## CREDIT REFERENCES (LIST ALL OBLIGATIONS WITH BANKS AND AG INPUT LENDERS - ADD A SHEET IF NEEDED)

CHECKING <input type="checkbox"/>	NAME OF BANK	ACCOUNT NUMBER	PHONE NUMBER	ADDRESS
LOAN <input type="checkbox"/>	NAME OF BANK	ACCOUNT NUMBER	PHONE NUMBER	ADDRESS

## TYPE OF ACCOUNT

AGRONOMY <input type="checkbox"/>	LIVESTOCK FEED <input type="checkbox"/>	PETROLEUM/LP <input type="checkbox"/>	ALL <input type="checkbox"/>
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I agree to the following terms:

1. I will pay cash at the time of sale or by the last day of the month following the date of sale. Thereafter, a finance charge of 1.5% (18% per annum) will be added to all accounts over 30 days past due on the date of the second billing. To avoid a finance charge, accounts must be received in the office on or before the last day of each month. If the account remains unpaid at the end of the second billing period, no further credit will be extended to the customer until the account is paid in full.
2. If any part of the outstanding balance on the bill has been owed for more than 60 days, or if I breach this Revolving Credit Agreement or any Security Agreement I may sign, I will be in default and Western Wisconsin Nutrition may exercise its rights to collect without further notice to me. Western Wisconsin Nutrition's rights to collect include the right to sue me for the balance due; to exercise its rights under any Security Agreements which I have signed; to set off against any money or right which Western Wisconsin Nutrition owes to me, and to collect from me its costs of collection including attorney's fees.
3. Western Wisconsin Nutrition shall have the right to limit or terminate this Revolving Credit Agreement at any time. The termination of this agreement shall not release me from my obligations to pay any amounts which I owe to Western Wisconsin Nutrition. This agreement and any Security Agreement which I have signed contain all the agreements between Western Wisconsin Nutrition and me and no oral representations have been made to me. No failure to act by Western Wisconsin Nutrition shall be a waiver of its right to act in the future. Each person who signs this Agreement shall be jointly and severally liable under its terms. This Agreement and Security Agreement which I have signed shall be governed by the laws of Minnesota.

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

APPLICANT'S SIGNATURE	DATE
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If Applicant is a corporation, LLC, or other entity, I personally guarantee Applicant's performance under this Agreement. Western Wisconsin Nutrition may enforce this guarantee against me before or after taking action against Applicant. I will pay Western Wisconsin Nutrition's costs of collection (including attorney's fees).

GUARANTOR'S SIGNATURE	DATE
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GUARANTOR'S SIGNATURE	DATE
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## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
				-					

### Part II 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, and
3. I am a U.S. citizen or other U.S. person (defined below).

**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 on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

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

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

# WISCONSIN SALES AND USE TAX EXEMPTION CERTIFICATE

Check One  Single Purchase  Continuous

Purchaser's Business Name	Purchaser's Address
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The above purchaser, whose signature appears on the reverse side of this form, claims exemption from Wisconsin state, county, baseball or football stadium, local exposition, and premier resort sales or use tax on the purchase, lease, license, or rental of tangible personal property, property under s.77.52(1)(b), items under s.77.52(1)(c), goods under s.77.52(1)(d), or taxable services, as indicated by the box(es) checked below.

I hereby certify that I am engaged in the business of selling, leasing, licensing, or renting: \_\_\_\_\_

*(Description of property, items, goods, or services sold by purchaser.)*

General description of property or services purchased (itemize property, items, or goods purchased if "single purchase");

Seller's Name	Seller's Address
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### REASON FOR EXEMPTION

**Resale** (Enter purchaser's seller's permit or use tax certificate number) \_\_\_\_\_

**Manufacturing and Biotechnology**

- Tangible personal property (TPP) or item under s.77.52(1)(b) that is used exclusively and directly by a manufacturer in manufacturing an article of TPP or items or property under s.77.52(1)(b) or (c) that is destined for sale and that becomes an ingredient or component part of the article of TPP or items or property under s.77.52(1)(b) or (c) destined for sale or is consumed or destroyed or loses its identity in manufacturing the article of TPP or items or property under s.77.52(1)(b) or (c) destined for sale.
- Machines and specific processing equipment and repair parts or replacements thereof, exclusively and directly used by a manufacturer in manufacturing tangible personal property or items or property under s.77.52(1)(b) or (c) and safety attachments for those machines and equipment.
- The repair, service, alteration, fitting, cleaning, painting, coating, towing, inspection, and maintenance of machines and specific processing equipment, that the above purchaser would be authorized to purchase without sales or use tax, at the time the service is performed. Tools used to repair exempt machines are not exempt.
- Fuel and electricity consumed in manufacturing tangible personal property or items or property under s.77.52(1)(b) or (c) in this state.  
 Percent of fuel exempt: \_\_\_\_\_ %                      Percent of electricity exempt: \_\_\_\_\_ %
- Portion of the amount of fuel converted to steam for purposes of resale. (Percent of fuel exempt \_\_\_\_\_ %)
- Property used exclusively and directly in qualified research, by persons engaged primarily in manufacturing or biotechnology in Wisconsin.

**Farming** (To qualify for this exemption, the purchaser must use item(s) exclusively and directly in the business of farming, including dairy farming, agriculture, horticulture, floriculture, silviculture, or custom farming services.)

- Tractors (except lawn and garden tractors), all-terrain vehicles (ATV) and farm machines, including accessories, attachments, and parts, lubricants, nonpowered equipment, and other tangible personal property or items or property under s.77.52(1)(b) or (c) that are used exclusively and directly, or are consumed or lose their identities in the business of farming.
- Feed, seeds for planting, plants, fertilizer, soil conditioners, sprays, pesticides, and fungicides.
- Breeding and other livestock, poultry, and farm work stock.
- Containers for fruits, vegetables, grain, hay, and silage (including containers used to transfer merchandise to customers), and plastic bags, sleeves, and sheeting used to store or cover hay and silage. Baling twine and baling wire.
- Animal waste containers or component parts thereof (may only mark certificate as "Single Purchase").
- Animal bedding, medicine for farm livestock, and milk house supplies.

**Federal and Wisconsin Governmental Units**

Enter CES No., if applicable

- The United States and its unincorporated agencies and instrumentalities and any incorporated agency or instrumentality of the United States wholly owned by the United States or by a corporation wholly owned by the United States.
- Any federally recognized American Indian tribe or band in this state.
- State of Wisconsin or any agency thereof; Local Exposition District, Professional Baseball Park District, or Professional Football Stadium District.
- Wisconsin county, city, village, or town, including public inland lake protection and rehabilitation district, municipal public housing authorities, uptown business improvement districts, local cultural arts district, the Wisconsin Aerospace Authority, the Health Insurance Risk-Sharing Plan Authority, the Wisconsin Quality Home Care Authority, the Fox River Navigational System Authority, and any Regional Transit Authority in Wisconsin.
- Wisconsin public schools, school districts, universities, and technical college districts.
- County-city hospitals or UW Hospitals and Clinics Authority.
- Sewerage commission, metropolitan sewerage district, or a joint local water authority.

**Other**

- Containers and other packaging, packing, and shipping materials, used to transfer merchandise to customers of the purchaser.
- Trailers and accessories, attachments, parts, supplies, materials, and service for motor trucks, tractors, and trailers which are used exclusively in common or contract carriage under LC or IC No. (if applicable) \_\_\_\_\_.
- Items or services purchased directly by and used by religious, charitable, educational, scientific, or other organizations holding a Wisconsin Certificate of Exempt Status. CES No. \_\_\_\_\_.
- Tangible personal property and items, property and goods under s.77.52(1)(b), (c), and (d) to be resold by \_\_\_\_\_ on my behalf where \_\_\_\_\_ is registered to collect and remit sales tax to the Department of Revenue on such sales.
- Tangible personal property, property, items and goods under s.77.52(1)(b), (c), and (d), or services purchased by a Native American with enrollment # \_\_\_\_\_, who is enrolled with and resides on the \_\_\_\_\_ Reservation, where buyer will take possession of such property, items, goods, or services.
- Tangible personal property and items and property under s.77.52(1)(b) and (c) becoming a component of an industrial or municipal waste treatment facility, including replacement parts, chemicals, and supplies used or consumed in operating the facility.
- Portion of the amount of electricity or natural gas used or consumed in an industrial waste treatment facility. (Percent of electricity or natural gas exempt \_\_\_\_\_ %)
- Electricity, natural gas, fuel oil, propane, coal, steam, corn, and wood (including wood pellets which are 100% wood) used for fuel for residential or farm use.

	% of Electricity Exempt	% of Natural Gas Exempt	% of Fuel Exempt
<input type="checkbox"/> Residential .....	_____ %	_____ %	_____ %
<input type="checkbox"/> Farm .....	_____ %	_____ %	_____ %

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

- Percent of printed advertising material solely for out-of-state use. \_\_\_\_\_ %
- Catalogs, and the envelopes in which the catalogs are mailed, that are designed to advertise and promote the sale of merchandise or to advertise the services of individual business firms.
- Property used exclusively and directly in raising animals sold for use in qualified research or manufacturing.
- Other purchases exempted by law. (State items and exemption). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby certify that if the item(s) being purchased are not used in an exempt manner, I will remit use tax on the purchase price at the time of first taxable use. I understand that failure to remit the use tax may result in a future liability that may include tax, interest, and penalty.*

Signature of Purchaser	Print or Type Name	Title	Date
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(DETACH AND PRESENT TO SELLER)