



# CONSUMER ACCOUNT APPLICATION

3107 N. STATE HWY. 23 | OTTAWA, IL 61350 | Phone: 815-434-0131 | FAX 815-434-0227

APPLICANT NAME: FIRST/MIDDLE/LAST

HOME ADDRESS: NUMBER & STREET REQUIRED - PO BOX IF APPLICABLE			PREVIOUS ADDRESS: NUMBER & STREET REQUIRED - PO BOX IF APPLICABLE		
CITY	STATE	ZIP	CITY	STATE	ZIP
HOME PHONE		CELL PHONE		WORK PHONE	
DATE OF BIRTH	SOCIAL SECURITY NUMBER		DRIVERS LICENCE NUMBER		
FARM BUREAU MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT COUNTY		FARM BUREAU MEMBERSHIP #		
EMPLOYER			POSITION		
EMPLOYER'S ADDRESS					

**OUTSTANDING DEBTS (INCLUDE CHARGE ACCOUNTS, INSTALLMENT CONTRACTS, CREDIT CARDS, RENT MORTGAGES, ETC.)**  
USE SEPARATE SHEET IF NECESSARY.

CREDIT REFERENCE NAME		PHONE:	ACCOUNT NO.		
BUSINESS ADDRESS		CITY	STATE	ZIP	
CREDIT REFERENCE NAME		PHONE:	ACCOUNT NO.		
BUSINESS ADDRESS		CITY	STATE	ZIP	
CREDIT REFERENCE NAME		PHONE:	ACCOUNT NO.		
BUSINESS ADDRESS		CITY	STATE	ZIP	
NAME OF BANK		ADDRESS	PHONE	CHECKING ACCOUNT NO.	
NAME OF BANK		ADDRESS	PHONE	SAVINGS ACCOUNT NO.	
IS SPOUSE PERMITTED TO USE ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF SPOUSE		SOCIAL SECURITY NUMBER		CELL PHONE
OFFICE USE:			PRODUCTS TO BE PURCHASED:		

This statement is submitted to obtain credit and I (We) certify that all information herein is true and complete. The undersigned desires to open an account with GRAINCO FS, Inc. (Company) and gives permission to company to make credit inquiries including but not limited to references listed above and Credit Bureau reporting services. **The undersigned acknowledges that all payments to company are due by the 25th of the month following delivery and that LATE PAYMENT CHARGES OF 1.8% PER MONTH OR PARTIAL MONTH WILL BE CHARGED ON ACCOUNTS NOT PAID BY THE DUE DATE. If for any reason the invoices for goods and services remain unpaid past the due date, the undersigned agrees to pay all collection costs and attorney fees. ALL exceptions to these payment terms must be made in writing and agreed to by the applicant and company. By signing you are agreeing to these terms.**

CUSTOMER SIGNATURE

SALESMAN

**Taxpayer Identification Number (TIN) Verification**

Print or Type

<p><b>Legal Name</b> (as entered with IRS) If Sole Proprietorship enter your Last, First, MII</p>	<p>Entity Designation (check only one) <b><u>Required</u></b></p> <p><input type="checkbox"/> Individual / Sole Proprietor</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Corporation (includes service corporations)</p> <p><input type="checkbox"/> Limited Liability Company – Partnership</p> <p><input type="checkbox"/> Limited Liability Company – Corporation</p> <p><input type="checkbox"/> Governmental or Tax Exempt Entities (specify, e.g. 501( c ) ( 3 ), etc.)</p>
<p><b>Trade Name</b> If doing business as (DBA) or enter business name of Sole Proprietorship</p>	<p><b>Taxpayer Identification Number (TIN)</b> If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using you EIN may result in unnecessary notices to the requestor. <b><u>Required</u></b></p> <p style="text-align: center;">_____</p> <p>Check Only One <b><u>Required</u></b></p> <p><input type="checkbox"/> Social Security Number (SSN)</p> <p><input type="checkbox"/> Employer Identification Number (EIN)</p> <p><input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p>
<p><b>Address</b> PO Box or Number and Street, City, State, Zip</p>	
<p><b>Certification</b> Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>1. The number shown on this form is my correct taxpayer identification number, AND</li> <li>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.</li> <li>3. I am a U.S. person (including a US resident alien).</li> </ol>	

Printed Name	Printed Title	Telephone Number (   )
Signature		Date

**Taxpayer Identification Request**

In order for GRAINCO FS, Inc. to comply with the Internal Revenue Service regulations, we are requesting that you complete the enclosed Substitute Form W-9. Failure to provide this information may result in backup withholding.

Please complete this form even if you are exempt from backup withholding and make sure that the form is complete and correct. We are required to inform you that failure to provide the correct Taxpayer Identification Number / Name combination may subject you to a \$50 penalty assessed by the Internal Revenue Service under section 6723 of the Internal Revenue Code.

Only the individual's name to which the Social Security Number was assigned should be entered on the first line.

The name of a partnership, corporation, club, or other entity must be entered on the first line exactly as it was registered with the Internal Revenue Service when the Employer Identification Number was assigned.

DO NOT submit your name with a Tax Identification Number that was not assigned to your name.

Thank you for your cooperation.