



RETAIL CREDIT APPLICATION

General Information

		REQUESTED - MONTHLY \$	ACCOUNT # (OFFICE USE ONLY)
APPLICANT NAME (Last/First/M.I., or business name if applicable)	Birthdate (Mo/Day/Yr)	SOCIAL SECURITY OR FEDERAL TAX ID NUMBER	
SPOUSE/CO-APPLICANT NAME (Last/First/M.I.)*	Birthdate (Mo/Day/Yr)	SOCIAL SECURITY OR FEDERAL TAX ID NUMBER	
PHYSICAL ADDRESS	CITY STATE ZIP	COUNTY	# OF YEARS AT ADDRESS
MAILING ADDRESS (IF DIFFERENT)	CITY STATE ZIP	MOBILE TELEPHONE	
		HOME TELEPHONE	
EMAIL ADDRESS		FAX NUMBER	
HAVE YOU OBTAINED CREDIT FROM THE FOLLOWING BEFORE (circle if applicable) SOUTH DAKOTA WHEAT GROWERS NORTH CENTRAL FARMER'S ELEVATOR		TYPE OF BUSINESS ENTITY(circle one) Individual Partnership Corporation LLC	

*Complete this part only if another person will use this account. Such person must also sign the application and will be jointly obligated on the account.

Credit References (List financial institutions and two suppliers)

LOANS: NAME OF LENDER AND CONTACT PERSON	ADDRESS	CITY	STATE	ZIP	PHONE
					FAX
					EMAIL
CHECKING ACCOUNT: NAME OF BANK	ADDRESS	CITY	STATE	ZIP	PHONE
					FAX
					EMAIL
SUPPLIER	ADDRESS	CITY	STATE	ZIP	PHONE
					FAX
					EMAIL
SUPPLIER	ADDRESS	CITY	STATE	ZIP	PHONE
					FAX
					EMAIL

Other Information

	Applicant	Co-Applicant	FOR OFFICE USE ONLY
Are there any judgments against you?	Yes____ No____	Yes____ No____	CR REF SENT _____
Have you declared bankruptcy in the last 10 years?	Yes____ No____	Yes____ No____	CREDIT LIMIT _____
Are you a party to a lawsuit?	Yes____ No____	Yes____ No____	CREDIT APPROVAL _____
Are any of your taxes delinquent or under dispute?	Yes____ No____	Yes____ No____	NOTES _____
Are you delinquent on any accounts payable, including cash rent?	Yes____ No____	Yes____ No____	_____
If so, to whom and for what Amounts: _____			

AUTHORIZATION AND RELEASE OF INFORMATION:

The undersigned hereby authorizes release to Dakotatland Feeds, LLC and it's parent companies, any and all information (including financial statements) in your care, custody and control concerning the undersigned's financial condition. The undersigned further releases the custodian of such records, both individually and collectively, from any and all liability for damages of whatever kind which may result because of compliance with this Authorization for Release of Information. It is expressly agreed that a photocopy of this Authorization shall be as valid as the original. I agree and understand the above information is being provided for the purpose of obtaining credit, and Dakotaland Feeds, LLC is relying on the same in considering this application. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and to answer questions about your credit experience with me.

COMPLIANCE WITH DAKOTALAND FEEDS, LLC, RETAIL CREDIT POLICY:

The undersigned has reviewed and consents to the terms and conditions of the Dakotaland Feeds, LLC credit policy. A copy of which is on the reverse of this application.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
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Return to : Attn: Credit Manager, Dakotaland Feeds LLC, 674 Westpark Ave NW, Huron, SD 57350, fax to (605)352-7660 or email to credit@dakotalandfeeds.com.



Retail Credit Policy and Disclosure Statement

Statement of Credit Terms and Disclosure of Finance Charges

TERMS:

Open account credit is available to customers with approved credit on a convenience basis only. The BILLING DATE for credit purchases is the last day of the month in which the purchase was made. The DUE DATE is the last day of the next month. If an account is paid by the due date, no finance charge will be assessed. All open accounts are to be paid in full by the due date, unless other arrangements are made. All payments and other credits will be applied to finance charges first; then applied to invoices in order of oldest due date first.

FINANCE CHARGES:

All open accounts not paid by the due date will be assessed a FINANCE CHARGE not to exceed the maximum rate permitted by state law (SDCL 54-3-5/NDCL 13-01-14). Presently the maximum FINANCE CHARGE allowed by state law is 1 ½% of the previous statement balance which computes to an ANNUAL PERCENTAGE RATE OF 18%.

SUSPENSION OF CREDIT PRIVILEGE:

Any past due account is subject to loss of credit privileges. Furthermore, legal action may be taken to collect past due accounts. Suspension of credit may be waived if the customer can provide adequate collateral or an assignment to secure the past due account.

CASH DISCOUNTS:

If discounts on the product price are available, they will be given if payment is made in any one of three ways:

1. Payment at the time of sale. (Does not include product PRE-PAID prior to delivery)
2. Payment in advance of sale. (Credit balances will not earn interest)
3. Payment received by the 10th of the month for charges incurred in the previous month. Payments must be either received in our office or post-marked by the 10th of the month. Statement balance must be paid in full each month to receive all available discounts. All payments and other credits will be applied to finance charges first; then applied to invoices in order of oldest due date first.

CREDIT CARD PAYMENTS:

Dakotaland Feeds, LLC will accept valid VISA, Mastercard and Discover payments; however cash discounts will NOT be available when payments are made in this manner.

SECURITY INTEREST:

Dakotaland Feeds, LLC, may acquire a security interest in property owned by the customer pursuant to:

1. Statutes and provisions of the Uniform Commercial Code which grants such interest by written agreement between seller (Dakotaland Feeds, LLC) and the customer.
2. Statutory liens such as the North Dakota Ag Supplier's Lien, mechanics liens, and similar liens.
3. Judgment liens if legal action results in a court judgment in Dakotaland Feeds, LLC's favor.

South Dakota Streamlined Sales Tax Agreement

Certificate of Exemption

Warning to purchaser:

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that is due tax on this sale. The state that is due tax on this sale may be notified that you claimed exemption from sales tax.

The purchaser will be held liable for any tax and interest, and possible civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption.

1. ☐ Check if you are attaching the Multistate Supplemental form.

☐ If not, enter the two-letter abbreviation for the state under whose laws you are claiming exemption.

2. ☐ Check if this certificate is for a **Single Purchase Certificate**. Invoice/purchase order # _____.

3. **Print or type**

A. Name of purchaser _____

B. Business address _____ City _____ State _____ Zip code _____

C. Purchaser's tax ID number _____ State of Issue _____ County of Issue _____

D. If no tax ID number, enter FEIN _____

E. If no ID number or FEIN, enter Driver's License Number/State Issued ID number _____ state of issue _____

F. Foreign diplomat number _____

G. Name of seller from whom you are purchasing, leasing or renting
DAKOTALAND FEEDS LLC

H. Seller's address _____ City _____ State _____ Zip code _____
674 WESTPARK AVE NW HURON SD 57350

4. **Circle type of business**

Purchaser's Type of business. Circle the number that best describes your business.

<input type="checkbox"/> 01 Accommodation and food services	<input type="checkbox"/> 11 Transportation and warehousing
<input type="checkbox"/> 02 Agriculture, forestry, fishing, hunting	<input type="checkbox"/> 12 Utilities
<input type="checkbox"/> 03 Construction	<input type="checkbox"/> 13 Wholesale trade
<input type="checkbox"/> 04 Finance and insurance	<input type="checkbox"/> 14 Business services
<input type="checkbox"/> 05 Information, publishing and communications	<input type="checkbox"/> 15 Professional services
<input type="checkbox"/> 06 Manufacturing	<input type="checkbox"/> 16 Education and health-care services
<input type="checkbox"/> 07 Mining	<input type="checkbox"/> 17 Nonprofit organization
<input type="checkbox"/> 08 Real estate	<input type="checkbox"/> 18 Government
<input type="checkbox"/> 09 Rental and leasing	<input type="checkbox"/> 19 Not a business
<input type="checkbox"/> 10 Retail trade	<input type="checkbox"/> 20 Other (explain) _____

5. **Circle reason for exemption**

Reason for exemption. Circle the letter that identifies the reason for the exemption.

A <input type="checkbox"/> Federal government (Department) _____	H <input type="checkbox"/> Agricultural
B <input type="checkbox"/> State or local government (Agency) _____	I <input type="checkbox"/> Industrial production/manufacturing <u>Does not apply in SD</u>
C <input type="checkbox"/> Tribal government	J <input type="checkbox"/> Direct pay permit
D <input type="checkbox"/> Foreign diplomat	K <input type="checkbox"/> Direct Mail
E <input type="checkbox"/> Charitable organization - SD Permit Required	L <input type="checkbox"/> Other (Explain) _____
F <input type="checkbox"/> Religious or private educational organization - SD Permit Required	
G <input type="checkbox"/> Resale	

6. **Sign here**

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser _____ Print name here _____ Title _____ Date _____

Form

W-9(Rev. December 2011)
Department of the Treasury
Internal Revenue Service**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:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶☐ Exempt payee☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

**DAKOTALAND FEEDS LLC
674 WESTPARK AVENUE NW
HURON, SD 57350**

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

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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

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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.

**Sign
Here**Signature of
U.S. person ▶

Date ▶

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.