

Welcome!!!!

Thank you for your interest in applying for an account with Mid-County. We greatly appreciate your future business, and would like to tell you a little bit about our company. We were founded in 1935, mainly as a distributor of petroleum products for Carver County. As the times have changed since 1935, so has Mid-County Coop. Also in 1998 we merged with MN-Victoria Oil to even better meet the needs of our customers as we now serve customers in 6 counties. Below is a brief explanation of some of the services we can provide for you. Thank you again for your credit application.

- ***Auto, Truck & Tire:** We are an authorized Goodyear Tire Retailer, plus we do oil changes, alignments, brake work, tune-ups, and many other services for cars and trucks.
- ***Energy:** We deliver bulk fuels, including gasoline, heating oil, diesel and lubricants.
- ***Propane:** Our propane department is one of our fastest growing departments. Our competitive prices and friendly, efficient service has made us an area leader in the propane business.
- ***Agronomy:** All of your crop production needs can be met by coming in and talking to one of our fully trained agronomists. We are competitively priced, and expertly staffed to handle your agronomy needs
- ***Holiday Cologne Convenience Store:** Gas and diesel islands, groceries, sandwiches, cash machine, lottery, car wash, and much, much more.

Enclosed with this letter is the balance of the “New Customer Packet” which should include:

- Credit Application** (please complete the entire application to avoid delays in processing)
- W-9 Withholding Form** (required for patronage dividend purposes)
- Holiday Credit Card Application** (for use at any Holiday Station Store fuel pumps or inside purchases during store hours)
- Credit Policy** (please review carefully)
- Mid County Coop Discount Policy** (please note that past due accounts are not eligible for discounts)
- Self-addressed envelope** (for return of the completed documents)

If any of the above items are missing or if you have any questions please contact us at 952-466-3700 or toll free at 1-888-466-3700.

MID-COUNTY COOP CREDIT POLICY

1. It is the intent of the Coop to provide convenience credit only.
2. Your account is due and payable upon receipt of your monthly statement.
3. If your account is not paid by the last day of the month, a service charge of 1.5% per month or 18% annually will be added to your account with a \$1 minimum.
4. When your account is past due, credit privileges will be discontinued.
5. Our budget plan is also available for heating accounts, offering a fixed monthly payment projected on your annual usage. Because no service charges are added to budget accounts paid promptly, no service charges are paid when the account is in a credit position.
6. If your budget payment is not made within the month due, monthly service charges of 1.5% will be added to the full amount due. If budget payments are late twice in one year, your budget account will be closed we will place the budget balance on your open account.
7. If your account is past due, you will not receive any discounts otherwise available.
8. If your needs require credit terms beyond our policy, we currently accept most major credit cards as a method of payment for products and services rendered. Certain restrictions apply to credit card purchases. A processing fee will be added when using a credit card for payments to your open account. Please ask us before you use a credit card.
9. Convenience store items may be placed on one of the major credit cards accepted.
10. Credit applications must be approved by the General Manager, and must be re-evaluated after a loss of credit, before credit can be reinstated.

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I. OPEN ACCOUNT WITH MID-COUNTY COOP:

1. Purchases are billed monthly.
2. Billing closes last day of the month.
3. Itemized statements are mailed.
4. Payment is due in full, by the last day of the next month.
Example: Charges are made in January.
Customer receives statement in the mail in early February.
Total amount due on the last day of February.
5. If the account is not paid in full by the last day of the month, service charges of 1.5% per month (18% annually) will be assessed.

II. CREDIT CARDS:

1. We currently accept most major credit cards as a method of payment at the time of purchase.
2. Credit cards can be used for all items at Mid-County Coop, certain limits may be applied by the respective credit card companies.
3. If a payment is made, with a credit card, to your open account a service charge will be added.
4. If a payment is made, with a credit card, to receive a discount, the discount will be reduced or eliminated to cover the transaction costs plus a service charge may be added.

III. NSF CHECKS:

1. NSF checks may be forwarded to a third party for collection.
2. Service charges are currently posted at \$30.00 for each returned check, any change in charges will be posted at the point of sale counter.
3. Legal action may be taken on all returned checks.

IV. PAST DUE ACCOUNT PROCEDURES:

1. Customer will be contacted either by phone or letter.
2. Credit privileges will be discontinued.
3. If there is no response, customer will receive a final notice.
4. If there still is no response, further action will be taken by a third party (collection agency or legal counsel).
5. If your account is past due, please inform us of your payment intentions to protect your credit rating.
6. Collection activity can be reported to the Credit Bureau.

INDIVIDUAL CREDIT APPLICATION

LAST NAME	FIRST	INITIAL	SOCIAL SECURITY NUMBER	HOME PHONE	DATE OF BIRTH
STREET ADDRESS		CITY	STATE	ZIP CODE	YEARS LIVED THERE <input type="checkbox"/> OWN <input type="checkbox"/> RENT
PREVIOUS ADDRESS		CITY	STATE	ZIP CODE	YEARS THERE NO. OF DEPENDENTS
PRESENT EMPLOYER		YEARS THERE	POSITION (IF SELF EMPLOYED-NATURE OF BUSINESS)		MONTHLY INCOME
ADDRESS		CITY	STATE	ZIP CODE	BUSINESS PHONE
PREVIOUS EMPLOYER		YEARS THERE	POSITION		
NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP		
OTHER INCOME			\$		SOURCE

CO-APPLICANT (IF APPLICABLE)

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP
STREET ADDRESS		CITY	STATE ZIP CODE YEARS THERE PHONE NUMBER
EMPLOYER NAME AND ADDRESS		YEARS THERE	POSITION MONTHLY INCOME
CHECKING ACCOUNT NO/BANK	SAVINGS ACCOUNT NO/BANK	NEAREST RELATIVE NOT LIVING WITH YOU	
LOAN OR ACCT OBLIGATION, IF DIFFERENT FROM APPLICANT		ACCOUNT NO	BALANCE PAYMENT

I agree that the following terms will govern any purchases made which are charged to any charge account that I may have with Mid-County Coop.

1. I will pay the entire balance showing within 30 days of billing date and I understand that if any portion of my balance remains unpaid for more than 60 days, I will be placed on a cash basis until that amount is paid.
2. I understand that A FINANCE CHARGE OF 1.5%, which is an (ANNUAL PERCENTAGE RATE OF 18%) per year will be applied to that part of any balance that resulted from purchases made during a calendar month, but not paid before the last of the following month plus any previous balance that remained unpaid.
3. Payments shall be applied first to the unpaid finance charge, then to the remaining outstanding balance.
4. In the event that collection proceedings must be instituted to collect any balance due, I will pay your court costs and reasonable attorney fees.
5. If applying for a joint account, both of us agree to be bound by the terms of this agreement and each of us agree to be jointly and severally liable for payment of all purchases made under this agreement.
6. You shall have the right to limit or terminate my charge account, but termination shall not affect my obligation to pay an existing balance. You may at your option declare the entire balance due and payable.

NOTICE: See reverse side for important information regarding your right to dispute billing errors.

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 SIGNATURE	DATE	OTHER SIGNATURE (Where Applicable)	DATE
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IN CASE OF ERRORS OR INQUIRIES ABOUT YOUR BILL

The Federal Truth in Lending Act requires prompt correction of billing mistakes.

1. If you want to preserve your rights under the Act, here's what to do if you think your bill is wrong or if you need more information about an item on your bill.

a. Do not write on the bill. On a separate sheet of paper write (you may telephone your inquiry-but doing so will not preserve your rights under this law) the following:

i. Your name and account number

ii. A description of the error and an explanation (to the extent you can explain) why you believe it is an error. If you only need more information, explain the item you are not sure about and, if you wish, ask for evidence of the charge such as a copy of the charge slip. Do not send in your copy of a sales or other document unless you have a duplicate copy for your records.

iii. The dollar amount of the suspected error.

iv. Any other information (such as your address) which you think will help us to identify you or the reason for your complaint or inquiry.

b. Send your billing error notice to the address on your bill.

Mail is as soon as you can, but in any case early enough to reach us within 60 days after the bill was mailed to you.

2. We must acknowledge all letters pointing out possible errors within 30 days of receipt, unless we are able to correct your bill during that 30 days. Within 90 days after receiving your letter, we must either correct the error or explain why we believe the bill was correct. Once we have explained the bill, we have no further obligation to you even though you still believe there is an error, except as provided in paragraph 5 below.

3. After we have been notified, neither we nor a collection agency may send you collection letters or take other collection action with respect to the amount in dispute; but periodic statements may be sent to you and the disputed amount can be applied against your credit limit. You cannot be threatened with damage to your credit rating or sued for the amount in question, nor can the disputed amount be reported to a credit bureau or to other creditors as delinquent until we have answered your inquiry. **HOWEVER, YOU REMAIN OBLIGATED TO PAY THE PARTS OF YOUR BILL NOT IN DISPUTE.**

4. If it is determined that we have made a mistake on your bill, you will not have to pay any finance charges on any disputed amount. If it turns out that we have not made an error, you may have to pay finance charges on the amount in dispute, and you will have to make up any missed minimum or required payments on the disputed amount. Unless you have agreed that your bill was correct, we must send you a written notification of what you owe; and if it is determined that we did make a mistake in billing the disputed amount, you must be given the time to pay which you normally are given to pay undisputed amounts, before any more finance charges or late payment charges on the disputed amount can be charged to you.

5. If our explanation does not satisfy you and you notify us **IN WRITING WITHIN 10 DAYS** after you receive this explanation that you still refuse to pay the disputed amount, we may report you to credit bureaus and other creditors and may pursue regular collection procedures. But we must also report that you think you do not owe the money, and we must let you know to whom such reports were made. Once the matter has been settled between you and us, we must notify those to whom we reported you as delinquent of the subsequent resolution.

6. If we do not follow these rules, we are not allowed to collect the first \$50 of the disputed amount and finance charges, even if the bill turns out to be correct.

7. If you have a problem with goods, property or services purchased, you may have the right not to pay the remaining amount on them, if you first try in good faith to return them or give the merchant a chance to correct the problem.

DISCOUNT POLICY FOR MID-COUNTY COOP:

1. Bulk Gasoline, Diesel Fuel and Heating Oil Discounts:

- A cash discount of \$.10 per gallon may be taken, if payment reaches our office within ten (10) days of delivery
- Budget accounts do not qualify for cash discount.
- **Volume discounts:**
 - Volume discounts are available on purchases over 200 gallons. Multiple products ordered for delivery at the same time will be added together to determine volume pricing.
 - ** To receive a volume discount, orders must be called in by 10:00 a.m. the previous day.
 - ** Scheduled delivery accounts automatically qualify for the 200 gallon volume discount.
- Remittance invoice must accompany payment.

2. LP Gas:

- A cash discount of \$.10 per gallon may be taken, if payment reaches our office within ten (10) days of delivery.
- Budget accounts do not qualify for cash discount.
- **Volume discounts:**
 - 0-249 gallons no volume discount
 - 249-699 gallons \$.03 per gallon volume discount
 - 700 & over gallons \$.04 per gallon volume discount
 - ** To receive a volume discount, orders must be called in by 10:00 a.m. the previous day.
 - ** Scheduled delivery accounts automatically qualify for the 250 gallon volume discount.
- Remittance invoice must accompany payment.

3. Agronomy: Fertilizer, Crop Protection, Seed, Custom Application and Consulting Services:

- On products and services, except Seed and Consulting Services, a 5% discount may be taken if paid by the 10th of the following month.

Past due accounts will not qualify for any discounts.

Payment by credit card will reduce or eliminate any available discounts plus a fee may be added.

PLEASE NOTE: THE ABOVE DISCOUNTS ARE IN EFFECT AS OF 11/20/08 BUT ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION AT THE SOLE DISCRETION OF MID COUNTY COOP.

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, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	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 Line 1 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
or
Employer identification number

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

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- 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 ▶
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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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,