



Britton Administrative office
 520 Vander Horck Ave
 Britton, SD 57430
 Phone: 1-800-927-2131

Account Application:

Account #: _____
 Location: _____

C-Store:	Grain Division:	Agronomy Division:
Britton . . . 605-448-2214	Amherst . . 605-448-5914	Britton . . . 605-448-2285
	Claremont .605-294-5261	Doland . . . 605-635-6111
Energy Division:	Forman . . . 701-724-6213	Groton . . . 605-397-2671
Britton . . . 605-448-5599	Gwinner . . 701-678-2468	Gwinner . . 701-678-2318
		Hecla . . . 605-994-2231
		Pierpont . . 605-325-3260
		Wilmot . . . 605-938-4113

Name _____ Social Security # _____ Home Phone _____
 Address _____ City _____ State _____ Zip _____ Date of Birth _____
 Description of Location if Rural _____ Years at Present Address _____
 Previous Address _____ Years There _____ Number of Dependents _____
 Present Employer _____ # of Years _____ Position _____ Monthly Income _____
 Previous Employer _____ # of Years _____ Position _____
 Nearest relative not living with you _____ Address _____ Relationship _____

Account will be used for: Agronomy _____ Feed _____ Refined Fuels _____ LP _____

Credit Reference: (list all obligations with Banks, Finance Companies, etc.)

Name of Credit Reference	Account #	Balance	Payment

Co-applicant: Complete this part only if (1) Another person will use this account. Such person must also sign the application and be jointly obligated on the account, or (2) You are relying on income derived by a spouse or former spouse for repayment.

Name _____ SS # _____ Phone _____
 Address _____ City _____ State _____ Zip _____ Date of Birth _____
 Employer name and address _____ Years There _____ Income _____

The above information is for the purpose of obtaining credit and is warranted to be true. I agree to pay all bills, according to the Full Circle Ag credit policy, upon receipt of the statement or as otherwise expressly agreed.

I hereby authorize the person or firm to whom this application is made to investigate the references herein listed from any other person pertaining.

Applicant _____ Date _____

INDIVIDUAL CONSENT AND CERTIFICATION OF TAXPAYER I.D. # W-9

Name as shown on account _____ EIN# or SSN _____ Date _____
 Mailing address _____ City _____ State _____ Zip _____
 I hereby consent to include in my gross income as now or hereafter provided in the Fed. income tax laws, the stated dollar amount of each notice of allocation which I receive from Full Circle Ag, with respect to my patronage occurring during the current and all subsequent taxable years of their cooperative. This consent shall be revocable by me at any time in writing. **Certification** — Under penalty of perjury, I certify that the number shown on this form is my correct taxpayer ID or SS#. Sign below:

X _____