



# NEW HORIZONS SUPPLY COOPERATIVE

770 Lincoln Ave. Fennimore, WI 53809  
Phone 608-822-3217 1-800-321-2128 Email: newhorizons@tds.net

## COMMERCIAL ACCOUNT INFORMATION

### Products expected to purchase:

- Automotive Repairs
- Farm Supplies
- Propane
- Fuel Oil
- Diesel
- Feed
- Convenience Store Gas/Diesel
- Pump 24 Cards

### Pump 24

24 Hr. Gas/Diesel Card for your vehicle at 7 locations: Boscobel, Blue River, Gays Mills, Fennimore, Lancaster, Darlington and Patch Grove.

Would you like Pump 24 Card? \_\_\_\_\_ How many cards would you like? \_\_\_\_\_

How many gallons does your tank hold? \_\_\_\_\_

Whose names on cards? \_\_\_\_\_

ORGANIZATION LEGAL NAME \_\_\_\_\_

OTHER DESCRIPTION (if any) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY

STATE

ZIP CODE

PHONE NUMBER \_\_\_\_\_ FEDERAL ID NUMBER \_\_\_\_\_

CELL PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### TYPE OF ORGANIZATION:

- CORPORATION
- GENERAL PARTNERSHIP
- LIMITED LIABILITY COMPANY (LLC)
- GOVERNMENT
- LIMITED LIABILITY PARTNERSHIP (LLP)
- NON-PROFIT (TAX EXEMPT)
- OTHER - LIST \_\_\_\_\_

PRIMARY BUSINESS/PRODUCT LINES \_\_\_\_\_

### PRIMARY OFFICERS, MEMBERS OR PARTNERS (PLEASE LIST)

NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ TITLE \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ TITLE \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ TITLE \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ TITLE \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

YEAR BUSINESS ORIGINATED \_\_\_\_\_ STATE INCORPORATED \_\_\_\_\_

TOTAL BUSINESS ASSETS \$ \_\_\_\_\_ TOTAL BUSINESS LIABILITIES \$ \_\_\_\_\_ NET WORTH \$ \_\_\_\_\_

### REFERENCES

REFERENCES	ACCOUNT #	BALANCE DUE	PAYMENT
PRIMARY BANKLENDER			
PRIMARY BANKLENDER	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOANS		
PRIMARY SUPPLIERS (and Trade References within last 6 months)	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOANS		
NAME	ADDRESS	PHONE	
NAME	ADDRESS	PHONE	

### FARM OPERATIONS

- Corn # of Acres Owned \_\_\_\_\_  Wheat # of Acres Owned \_\_\_\_\_  Dairy (Milking) # of Head \_\_\_\_\_  Other # of Head \_\_\_\_\_
- Soybeans # of Acres Owned \_\_\_\_\_  Hay # of Acres Owned \_\_\_\_\_  Steers # of Head \_\_\_\_\_
- Hogs # of Head \_\_\_\_\_

For married Wisconsin resident:

If I am married, a Wisconsin resident, and applying for an individual account, I agree that credit extended under this account, if granted, will be incurred in the interest of my marriage or family. I understand the creditor may be required by law to give notice of this credit transaction to my spouse.

I (We) 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. I also reaffirm the above consent relative to allocation of patronage refunds for tax purposes.

I (We) certify that the above information is true to the best of my (our) knowledge. I (We) have read and signed the terms and conditions on page two and agree to comply with all credit terms. I give New Horizons Supply Cooperative permission to request and receive financial information on my accounts.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

The undersigned agree to personally be responsible, jointly and severally, for debts of the above corporation in favor of New Horizons Supply Cooperative which may occur including any attorney's fees or other cost in the collection of this account as allowed by law. This shall be an open and continuing guaranty and shall be in force notwithstanding any change in the list of such indebtedness or renewals or extensions granted by New Horizons Supply Cooperative.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

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 our 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 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 slip 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 which is listed after the words "Send inquiries to."  
Mail it 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 who 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 property or services purchased, you may have the right not to pay the remaining amount due on them if you first try in good faith to return them or give the merchant a chance to correct the problem.

#### CONSENT NOTICE

The undersigned does hereby consent to take any qualified written notices of allocations of patronage refunds issued by New Horizons Supply Cooperative with respect to all patronage of the undersigned distributee with the association occurring during the current and all subsequent taxable years of the association, into account at their stated dollar amounts, for income tax purposes, in the year in which any such qualified written notices of allocations are received by the undersigned.

If your purchases from New Horizons Supply Cooperative are only personal items for you and your family, you do not have to include your refund in your reported income.

But, if you are a farmer or business person who purchases goods and services from New Horizons Supply Cooperative used to operate your farm or business, and if you have taken these purchases as a business expense on your tax return, then you need to include the cooperative refund as income.

#### CHARGE ACCOUNT AGREEMENT

1. I will pay cash price (including taxes) of goods charged to my accounts together with applicable Finance Charge.
2. Open Account charges made in any one month are DUE AND PAYABLE IN FULL by the last day of the following month.
3. DEFAULT. I understand that A FINANCE CHARGE OF 1.5% MONTHLY, which is an (ANNUAL PERCENTAGE RATE OF 18%) will be applied to that part of any balance that resulted from purchases made during a calendar month, but not paid before the last day of the following month plus any previous balance less any payments or credits. Any payments or credits will be applied to the oldest amount owed. All purchases must be paid for within 60 days of when the charges first appeared on your periodic statement. After this 60 day period no further credit will be issued until payments have been received to bring this account within the terms and the credit department has reviewed the account. Discontinuance of credit may be made by the company at any time deemed necessary regardless of any other terms.
4. I will pay official fees, statutory attorney fees, and to the extent not prohibited by law any expenses incurred in taking possession, holding, preparing for disposition and disposing of collateral.
5. You have the right to amend the terms and conditions of this agreement by advising me of your intentions to do so in a manner and to the extent required by applicable law.
6. 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 for payment.
7. You shall have the right to limit or terminate my charge account, but termination shall not affect my obligation to pay an existing balance. If I have not paid the amounts billed by two occasions with a 12-month period and fail to cure the default within 15 days after you send me written default notice in accordance with applicable law, you may declare the entire balance due and payable. Your waiver of any default shall not operate as a waiver of any other default.
8. PUMP 24. Billing will be done on your regular monthly statement. Our credit policy will be enforced. If your account exceeds 60 days, your card will be LOCKED OUT and you will not be able to pump gas.
9. SCHEDULED ROUTE DELIVERY fuel accounts will be removed from route delivery service (you will be required to monitor your tank) if the account exceeds 60 days.
10. SECURITY INTEREST. To secure full payment and performance of all of my obligations and the entire indebtedness under my accounts, you (New Horizons Supply Cooperative) are hereby granted a security interest under the Uniform Commercial Code in and to all merchandise purchased with my accounts with New Horizons Supply Cooperative.
11. Your Cooperative, pursuant to its Articles of Incorporation and By-Laws has the security interest of a first lien on the capital stock or equities of the Cooperative held by any patron for any debt by that patron that is deemed otherwise uncollectible by the Board of Directors.

**NEW HORIZONS SUPPLY COOPERATIVE - PATRON CONSENT AND SUBSTITUTE IRS FORM W-9**

I hereby consent to include in my gross income, as now or hereafter provided in the federal income tax laws, the stated dollar amount of each written notice of allocation which I receive from NEW HORIZONS SUPPLY COOPERATIVE, FENNIMORE, WI, with respect to my patronage occurring during the current and all subsequent taxable years of this cooperative. This consent shall be revocable by me at any time in writing.

NAME ON SOCIAL SECURITY CARD OR LEGAL NAME >>>

Check appropriate box:  Individual or a sole proprietor  Partnership, LLC, Corporation  Other Entity

ADDRESS

BIRTH DATE 

Mo.	-	Day	-	Year
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CITY STATE ZIP

PHONE #

TAXPAYER IDENTIFICATION NUMBER

Individuals and sole proprietors, enter your SOCIAL SECURITY NUMBER >>>

All others, enter your FEDERAL EMPLOYER IDENTIFICATION NUMBER >>>

**CERTIFICATION**

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number, and
- 2) I am not subject to backup withholding, and
- 3) I am a U.S. citizen or U.S. person as defined in the IRS Form W-9 Instructions.

^NEW HORIZONS A/O NUMBER ^

**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.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE, if applicable

\_\_\_\_\_  
DATE

(Rev. Jan. 2010)