

P.O. BOX 459
 REXBURG, ID 83440
 PH. (208) 372-7011
 Fax: (208) 356-4995
 Email:
credit@valleywidecoop.com



Branch: _____
 Sales Rep: _____
 Account #: _____
 Limit: _____
 Date: _____

ACCOUNT APPLICATION

APPLICANT TYPE

Farming/Ranching Consumer Other:

ENTITY TYPE

Individual/Sole Proprietorship Formal Partnership Corporation Other: _____

VALLEY WIDE CO-OP MONTHLY CREDIT REQUEST: \$ _____ VALLEY AG MONTHLY CREDIT REQUEST: \$ _____

	Applicant/Entity	Co-Applicant/Principal
Full Legal or Entity Name		
Soc. Sec. or Fed. Tax ID #		
Date of Birth		
Address		
City, State, Zip		
Telephone Number		
Cell Phone		
Email Address		
Employer Name		
Occupation		
Years at Employment		
Annual Gross Income		

Have you ever filed Bankruptcy? No Yes Are you a defendant in any current litigation? No Yes

TRADE REFERENCES	Name	Address	Phone Number	Fax or Email

BANK REFERENCES	Name	Address	Phone Number	Contact

RELATIVE or CONTACT	Name	Address	Phone Number	Relationship

The above information is for obtaining credit and is warranted to be true. If the account is approved and opened Purchaser & Guarantor agree that:

- This account is due, in full, within the following terms: All invoices originated in the current month are due on or before the 15th of the following month.
- Any account that becomes past due or over credit limit may be placed on C.O.D., "Cash-On-Delivery", without notice. Valley Wide Cooperative/Valley Agronomics reserves the right to withhold sales/delivery, change the credit limit, or terminate this account at any time at our sole discretion. In accordance with Idaho law, an annual interest rate of 21% (1.75% per month) will be charged on any account balance which is unpaid and past due. The interest and the outstanding invoices must both be paid in full before we can consider restoring the account to open status.
- Purchaser and Guarantor are subject to the jurisdiction of the state of Idaho and agree to pay cost of collection, including reasonable attorney's fees and costs incurred to effect collection, with or without suit, including preparation, filing and foreclosure of any lien.

GUARANTY

The undersigned, to induce the granting of credit to the above-named business, hereby personally guarantees the payment of this account. This guaranty is absolute and unconditional. Purchaser & Guarantor authorizes Valley Wide Cooperative/Valley Agronomics to investigate my/our credit and financial responsibility at any time during the duration of this account.

SIGNATURE _____ TITLE _____ DATE _____

Co-SIGNATURE _____ TITLE _____ DATE _____

IMPORTANT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex, race, color, religion, national origin, marital status or age.

(Business or credit requests in excess of \$7,500 please complete attached Addendum)

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Complete the following or attach a Balance Sheet

	Amount		
Current Assets		Acreage Owned	
Intermediate Assets		Acreage Leased/Rented	
Long-Term Assets		Major Crops	
Total Assets		Chemical Applicator's License	
	Amount		
Current Liabilities		Landlord's Name	
Intermediate Liabilities		Landlord's Address	
Long Term Liabilities		Landlord's City	
Total Liabilities		Landlord's Phone	
	Amount		
Net Worth			
Gross Annual Farm Income			
Annual Non-Farm Income			

9-27-07

SALES TAX RESALE OR EXEMPTION CERTIFICATE

Seller's Name			Buyer's Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code

1. Buying for Resale. I will sell, rent, or lease the goods I am buying in the regular course of my business.

a. Primary nature of business _____ Describe the products you sell, lease, or rent

b. Check the block that applies: Idaho registered retailer. Seller's permit number _____
 (required - see instructions)
 Wholesale only, no retail sales
 Out-of-state retailer, no Idaho business presence

2. Producer Exemptions (see instructions). I will put the goods purchased to an exempt use in the business indicated below. Check the block that applies and complete the required information.

Logging Exemption
 Broadcasting Exemption
 Publishing Free Newspapers
 Production Exemption (check one): Farming Ranching Manufacturing Processing Fabricating Mining

List the products you produce: _____

3. Exempt Buyer. All purchases are exempt, and no permit number is required. Check the block that applies.

<input type="checkbox"/> American Indian Tribe Center	<input type="checkbox"/> Emergency Medical Service	<input type="checkbox"/> Agency Nonprofit	<input type="checkbox"/> Children's Free Senior Citizen
<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Federal/Idaho Government Entity	<input type="checkbox"/> Dental Service Clinic	<input type="checkbox"/> State/Federal Credit Union
<input type="checkbox"/> Amtrak Forest Protective	<input type="checkbox"/> Association Nonprofit Hospital	<input type="checkbox"/> Survivors of Domestic Violence	<input type="checkbox"/> and Sexual Assault, Inc.
<input type="checkbox"/> Blind Services Foundation, Center for Independent Living Nonprofit Canal Company Nonprofit School	<input type="checkbox"/> Inc. Idaho Foodbank Warehouse,	<input type="checkbox"/> Inc. Nonprofit Museum	<input type="checkbox"/> Volunteer Fire Department

Qualifying Health Organization (see instructions for list)

4. Contractor Exemptions (see instructions).

a. Invoice, purchase order, or job number to which this claim applies _____

b. City and state where job is located _____

c. Project owner name _____ d.

This exempt project is: (check appropriate box)

In a nontaxing state. (To qualify, materials must become part of the real property.)
 An agricultural irrigation project.
 For production equipment owned by a producer who qualifies for the production exemption.

5. Other Exempt Goods and Buyers (see instructions).

<input type="checkbox"/> Aircraft used to transport passengers or freight for hire	<input type="checkbox"/> Livestock sold at a public livestock market
<input type="checkbox"/> Aircraft purchased by nonresident for out-of-state use	<input type="checkbox"/> Medical items that qualify
<input type="checkbox"/> American Indian buyer holding Tribal I.D. No. _____	<input type="checkbox"/> This Pollution control items
form doesn't apply to vehicles or boats. See instructions. Research and	<input type="checkbox"/> development goods
<input type="checkbox"/> Church buying goods for food bank or to sell meals to members	<input type="checkbox"/> Snow making or grooming equipment, or aerial tramway component
<input type="checkbox"/> Food bank or soup kitchen buying food or food service goods	<input type="checkbox"/> Other goods or entity exempt by law under the following statute
<input type="checkbox"/> Glider kits for IRP-registered vehicles	(required: _____)
<input type="checkbox"/> Heating fuel	

Buyer: Read and sign. I certify that all statements I have made on this form are true and correct to the best of my knowledge. I understand that falsification of this certificate for the purpose of evading payment of tax is a misdemeanor. Other penalties may also apply.

Buyer's Name (please print)	Buyer's Signature	Title
Buyer's Federal EIN and Driver's License No. and State of Issue		Date

Seller: Each exemption a customer may claim on this form has special rules (see instructions). It's your responsibility to learn the rules. You must charge tax to any customers and on any goods that don't qualify for a claimed exemption and are taxable by law.

- This form may be reproduced.
- This form is valid only if all information is complete.
- The seller must keep this form.