



Service and Value Every Day

38438 210TH STREET | BREWSTER, MN 56119 | (507)-842-2001

NEWVISION.COOP/ACCOUNTING

Dear New Vision Co-op Member:

Thank you for choosing to become a new New Vision Co-op Member or updating your files. Please complete and return the necessary documents to our Brewster office or email them to nvcforms@newvision.coop or you may also fax them to 507-842-5243.

- **W-9 FORM.** This form is required by the IRS for everyone doing business at New Vision Co-op.
- **CERTIFICATE OF EXEMPTION FORM (ST3).** This is required by the State for your sales tax exemption. The ST3 Form must be completed and signed by you to qualify for your Minnesota sales tax producer exemption. Failure to complete, sign and return this form requires New Vision Co-op to assess sales tax on your transactions. Complete the highlighted items.
- **ACCOUNT FORM.** Complete this form exactly how you want the account to be handled for billing and patronage. Data on this form is used to allocate business for patronage purposes and retire equity.
- **SPLITS.** Complete the enclosed splits information. Complete this form exactly how you want the account to be handled for billing and patronage.
- **ACH AUTHORIZATION FORM** – get your payments faster and directly into your accounts.
- **CREDIT APPLICATION** – sign up for customer credit either as a Sole Proprietorship or Partnership.

New Vision Co-op new customer accounts are eligible for patronage if they conform to the membership definition in the Articles of Incorporation. In order to be considered a member you must:

1. Do a minimum of \$10,000.00 business with New Vision Co-op during the fiscal year (Sept. 1 through Aug. 31st).
2. Be a producer of agricultural products.
3. Accept patronage payment and equity allocation.
4. Be approved by the New Vision Co-op Board of Directors.

You may elect to do business as a non-member by completing the enclosed Revocation of Consent form. Non-members do not receive patronage payments or equity allocations.

Don't forget to sign up for MyGrower Online access to see your statements, invoices, and payments. Everything is at your fingertips!

If your membership status changes it is your responsibility to notify us by calling (507) 842- 2001, or email at nvcforms@newvision.coop.

Thank you,

New Vision Accounting Team

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

▶ **Go to www.irs.gov/FormW9 for instructions and the latest information.**

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
	2 Business name/disregarded entity name, if different from above			
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):		
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			
	<input type="checkbox"/> Other (see instructions) ▶			
5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)		
6 City, state, and ZIP code		New Vision Coop 38438 210th Street Brewster, MN 56119		
7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									

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); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

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

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Form ST3, Certificate of Exemption

Purchaser: Complete this certificate and **give it to the seller.**

Seller: If this certificate is not completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked. This certificate remains in force as long as the purchaser continues making purchases or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make purchases for a specific job. Enter the exempt entity name and specific project:

Exempt entity name _____ Project description _____

Name of Purchaser _____

Business Address _____ City _____ State _____ ZIP code _____

Purchaser's Tax ID Number _____ State of Issue _____

If no tax ID number, Enter one of the following:	FEIN _____	Driver's license number/State issued ID number _____
		State of Issue _____ Number _____

Name of seller from whom you are purchasing, leasing, or renting _____

Seller's Address _____ City _____ State _____ ZIP code _____

Type of Business

- | | |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services | <input type="checkbox"/> 11 Transportation and warehousing |
| <input type="checkbox"/> 02 Agricultural, 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 (explain) _____ |
| <input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 20 Other (explain) _____ |

Reason for Exemption (See Instructions)

- | | |
|---|--|
| <input type="checkbox"/> A Federal government (department) _____ | <input type="checkbox"/> J Agricultural production |
| <input type="checkbox"/> B Specific government exemption _____ | <input type="checkbox"/> K Industrial production/manufacturing |
| <input type="checkbox"/> C Tribal government (name) _____ | <input type="checkbox"/> L Direct pay authorization |
| <input type="checkbox"/> D Foreign diplomat # _____ | <input type="checkbox"/> M Multiple points of use (services, digital goods, or computer software delivered electronically) |
| <input type="checkbox"/> E Charitable organization # _____ | <input type="checkbox"/> N Direct mail |
| <input type="checkbox"/> F Educational organization # _____ | <input type="checkbox"/> O Other (enter number from instructions) _____ |
| <input type="checkbox"/> G Religious organization # _____ | <input type="checkbox"/> P Percentage exemption |
| <input type="checkbox"/> H Resale | <input type="checkbox"/> Advertising (enter percentage) _____% |
| <input type="checkbox"/> I Qualifying capital equipment (see instructions when equipment claimed is part of a construction project) | <input type="checkbox"/> Utilities (enter percentage) _____% |
| | <input type="checkbox"/> Electricity (enter percentage) _____% |

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Signature of Authorized Purchaser _____

Print Name Here _____

Title _____

Date _____



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38438 210TH STREET | BREWSTER, MN 56119 | (507)-842-2001
NEWVISION.COOP/ACCOUNTING

PRODUCER ACCOUNT FORM

The splits are typically for Grain/Agronomy Accounts only

Name: _____

Address: _____ County: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Private Pesticide Applicator License Number: _____

SPLIT INFORMATION

Name/Acct #: _____ Percentage: _____

Name/Acct #: _____ Percentage: _____

Name/Acct #: _____ Percentage: _____

Name/Acct #: _____ Percentage: _____

If split information for patronage or tax purposes is different than the Producer account information listed above, complete the following information:

Name: _____ Account #: _____

Address: _____

Phone: _____ Split Percentage: _____

Signature: _____ Date: _____



New Vision Co-op

38438 210th Street Brewster MN 56119 - 507-842-2001 / www.newvision.coop

ACH Authorization Form

I (we) authorize New Vision Co-op (the "Company") to initiate variable entries to my (our) account as described below:

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Financial Institution Name: _____

Financial Institution Address: _____

Financial Institution Routing / ABA # _____ (9-digit number)

Checking Account # _____ Savings Account # _____

(Please note: For accuracy, it is recommended that a voided check or voided savings deposit slip be attached to this form)

This authority is to remain in full force and effect until the Company has received written notification of its termination in such time and manner to afford the Company a reasonable opportunity to act on it.

Signature: _____ Date: _____

Print Name: _____ Print Title: _____

Telephone: _____ Billing Account # (Optional): _____

Yes, I would like invoices sent to me by e-mail. Email: _____

Your prompt response is appreciated. Thank you for your time and cooperation.

Please fax back to: 507-842-5243 or email to: nvcforms@newvision.coop

For questions please call 1-507-842-2001.

"Service and Value Everyday"

For printable forms or more information go to www.newvision.coop/accounting

Credit Application for Sole Proprietors & Partnerships

<input type="checkbox"/>	Feed
<input type="checkbox"/>	Agronomy
<input type="checkbox"/>	Grain

Customer No. _____



BUSINESS STRUCTURE (Check One)

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> DBA | <input type="checkbox"/> Limited Liability Corp. |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> S Corporation |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Other _____ | |

FOR SOLE PROPRIETORSHIP; DBA OR PARTNERSHIPS

(Please print above how you would like your account name to appear)

Owner's Last
First Name _____ MI _____ Name _____

Address _____

City _____ County _____ State _____ Zip Code _____

Soc. Sec. # _____ Bus. Ph. (____) _____

Fax (____) _____ Cell Ph. (____) _____ Text (Y) (N)

Email Address _____

Years in Business _____ Own Rent

Present Employer Name _____

Annual Non-Farm Income _____

SPOUSE OR CO-APPLICANT FOR SOLE PROPRIETORSHIPS; DBA OR PARTNERSHIPS

(Co-Applicant must sign Application)

First Name _____ MI _____ Last Name _____

Address _____

City _____ County _____ State _____ Zip Code _____

Social Security Number _____

Relationship to Applicant Spouse Partner Co-Applicant

Phone (____) _____ Cell (____) _____

Email Address _____

Present Employer Name _____

Annual Non-Farm Income _____

CREDIT AMOUNT AND TERMS REQUESTED

Credit Amount Requested \$ _____ Term Requested _____ ACH (Y) (N) (If "Yes" attach ACH Authorization)

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

For credit request over \$50,000 please include current copy of your most recent signed financial statement. Additional financial information may be required.

OTHER INFORMATION

(Attach an explanation for any yes answers)

- | | | | | | |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Are you a defendant in a pending lawsuit? | <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you or a stockholder of this company ever declared bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there any outstanding or pending judgments against you? | <input type="checkbox"/> | <input type="checkbox"/> | 4. Are you currently guaranteeing or co-signing any other liabilities? | <input type="checkbox"/> | <input type="checkbox"/> |

CREDIT REFERENCES:

Bank _____	Phone # _____	Account # _____
Address _____	Fax # _____	Contact _____
Supplier _____	Phone # _____	Account # _____
Address _____	Fax # _____	Contact _____
Other Bank or Supplier _____	Phone # _____	Account # _____
Address _____	Fax # _____	Contact _____

Note to Customer: Do not sign this credit application before you read it. You are entitled to a copy of this credit application.

This credit application is made under and is to be governed by, and construed in accordance with, the laws of the State of Minnesota without regard to its conflicts of law principles. Any legal suit, action or proceeding apprising out of or relating to this credit application shall be located in Nobles County or the Federal Courts located in the State of Minnesota.

Disclosure Notice: For all terms, if full payment is not received by the due date, a late payment charge will accrue on the unpaid principal balance at the rate of 1.5% per month (18% APR) or the maximum rate permitted by law in the state of applicant's business location, whichever is less, commencing the day after the due date until paid in full. New Vision Co-op, pursuant to Articles of Incorporation and By-Laws has a security interest of a first lien on the capital stock or equities of the Cooperative held by any patron.

COOPERATIVE SPECIFICALLY DISCLAIMS ANY WARRANTY OF MERCHANTABILITY AND OF FITNESS FOR A PARTICULAR PURPOSE AND ANY LIABILITY FOR SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGE ARISING OUT OF THE USE OF THE GOODS PURCHASED BY THE UNDERSIGNED. THE MAXIMUM LIABILITY OF COOPERATIVE SHALL BE LIMITED TO THE PURCHASE PRICE OF THE GOODS PURCHASED.

Customers Acknowledgment and Authorization: Inasmuch as I/we may not always be on the premises to sign orders for feed or other Cooperative products and/or services when they are needed, I/we hereby authorize my/our assigned Cooperative representative to order the products he/she feels are needed, and sign the orders for me/us as my agent and attorney-in-fact. I/We agree to pay for all such products so ordered by him/her. I/we agree that the Cooperative delivery and invoice documents are acceptable as proof the products and services have been provided.

I/We certify that I/we have read the information contained in this credit application to Cooperative, affiliates, divisions, subsidiaries, successors, or assigns and I/we certify that all information provided is true and correct to the best of my/our knowledge. I/We agree to bear all expenses, court costs, and reasonable attorney's fees incurred by Cooperative to enforce any and all agreements between me/us and Cooperative including costs expended to collect debts owed by me/us to Cooperative for products and/or services purchased. Such costs may be deducted from the patrons equity at the discretion of Cooperative. Furthermore, I/we acknowledge the above described terms and agree to payment of charges at the rates disclosed therein. In the event Cooperative agrees to extend credit pursuant to this credit application, I/we agree that Cooperative may increase, decrease and/or terminate my/our line of credit or otherwise alter the terms and conditions or extending credit to me/us at any time for any reason without notice to me/us. In the event the terms herein conflict with a credit application prior in date, this application's terms shall control. I/We agree to individually and jointly pay the account according to terms as agreed. Payments shall be applied first to the unpaid finance or interest charge, then to the remaining outstanding balance. A facsimile or photocopy of this credit application shall be effective as the original.

The undersigned hereby authorizes any bank, or other lender or grantor of credit to provide Cooperative or its authorized agents, credit information from time to time, including financial statement copies, for the purpose of evaluating the commercial credit requests by the undersigned. Furthermore, the undersigned hereby releases Cooperative or its authorized agents from any and all claims or causes of action that may arise or which he/she might have by reason of information furnished to Cooperative or its authorized agents. This consent shall continue in effect until revoked in writing.

SOLE PROPRIETORSHIP

Applicant Name - Print

Applicant Signature

Date

Co-Applicant Name - Print

Co-Applicant Signature

Date

PARTNERSHIP

Partnership Name - Print

_____, a Partnership

Partner Name - Print

Partner Name - Print

Partner Signature

Date

Partner Signature

Date

In order to process this application each partner or sole proprietor must complete the following authorization:

The undersigned recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by Cooperative, from time to time as may be needed, in the credit evaluation process and in connection with the collection of credit extended as a result of this application.

Signature

Signature

Signature

Personal Guarantee: The undersigned guarantor(s) hereby guarantees prompt and satisfactory performance of the obligations of the applicant in accordance with the terms and conditions, including expenses, court cost and reasonable attorney fees incurred to enforce this personal guaranty set forth in this application and in Cooperative's Business Credit Policy, receipt of which is hereby acknowledged. The guarantor(s) understands that his or her individual credit history may be a factor in the evaluation of the applicant. Further, the guarantor(s) authorizes Cooperative to request consumer reports from consumer reporting agencies to consider this application.

Print Name

Signature

Date

Social Security No.

Print Name

Signature

Date

Social Security No.

Print Name

Signature

Date

Social Security No.

Please mail back completed **and properly signed application** to: New Vision Co-op | 38438 210th St | Brewster, MN 56119

email: nvcforms@newvision.coop

www.newvision.coop/accounting

Thank you for being a New Vision Co-op customer!

Credit Application for Corporations & LLC's

Feed
 Agronomy
 Grain



BUSINESS STRUCTURE (Check One)

Sole Proprietorship Corporation
 DBA Limited Liability Corp.
 General Partnership S Corporation
 Limited Partnership Joint Venture
 Other _____

Customer No. _____

CORPORATION / LLC INFORMATION

Business Name _____ Business Ph. _____ Email _____
 Address _____ City _____ Cell Ph. _____ Text (Y) (N)
 County _____ State _____ Zip Code _____ Federal Tax I.D. Number _____ Years in Business _____

Email Address _____ State of Incorporation or Organization _____
 Contact Person First Name _____ MI _____ Last Name _____

OWNER INFORMATION

First Name _____ MI _____ Last Name _____
 Address _____ City _____ County _____ State _____ Zip Code _____
 Title _____ Social Security Number _____ Cell _____

OWNER INFORMATION

First Name _____ MI _____ Last Name _____
 Address _____ City _____ County _____ State _____ Zip Code _____
 Title _____ Social Security Number _____ Cell _____

Please list additional owner information on a separate page.

CREDIT AMOUNT AND TERMS REQUESTED

Credit Amount Requested \$ _____ Term Requested _____ ACH (Y) (N) (If "Yes" attach ACH Authorization)

For credit request over \$50,000 please include current copy of your most recent signed financial statement. Additional financial information may be required.

OTHER INFORMATION (Attach an explanation for any yes answers)

<p>1. Are you a defendant in a pending lawsuit? <input type="checkbox"/> (Y) <input type="checkbox"/> (N)</p> <p>2. Are there any outstanding or pending judgments against you? <input type="checkbox"/> (Y) <input type="checkbox"/> (N)</p>	<p>3. Have you or a stockholder of this company ever declared bankruptcy? <input type="checkbox"/> (Y) <input type="checkbox"/> (N)</p> <p>4. Are you currently guaranteeing or co-signing any other liabilities? <input type="checkbox"/> (Y) <input type="checkbox"/> (N)</p>
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CREDIT REFERENCES:

Bank _____	Phone _____	Account # _____
Address _____	Email _____	Contact _____
Supplier _____	Phone _____	Account # _____
Address _____	Email _____	Contact _____
Other Bank or Supplier _____	Phone _____	Account # _____
Address _____	Email _____	Contact _____

Note to Customer: Do not sign this credit application before you read it. You are entitled to a copy of this credit application.

This credit application is made under and is to be governed by, and construed in accordance with, the laws of the State of Minnesota without regard to its conflicts of law principles. Any legal suit, action or proceeding apprising out of or relating to this credit application shall be located in Nobles County or the Federal Courts located in the State of Minnesota.

Disclosure Notice: For all terms, if full payment is not received by the due date, a late payment charge will accrue on the unpaid principal balance at the rate of 1.5% per month (18% APR) or the maximum rate permitted by law in the state of applicant's business location, whichever is less, commencing the day after the due date until paid in full. New Vision Co-op, pursuant to Articles of Incorporation and By-Laws has a security interest of a first lien on the capital stock or equities of the Cooperative held by any patron.

COOPERATIVE SPECIFICALLY DISCLAIMS ANY WARRANTY OF MERCHANTABILITY AND OF FITNESS FOR A PARTICULAR PURPOSE AND ANY LIABILITY FOR SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGE ARISING OUT OF THE USE OF THE GOODS PURCHASED BY THE UNDERSIGNED. THE MAXIMUM LIABILITY OF COOPERATIVE SHALL BE LIMITED TO THE PURCHASE PRICE OF THE GOODS PURCHASED.

Customers Acknowledgment and Authorization: Inasmuch as I/we may not always be on the premises to sign orders for feed or other Cooperative products and/or services when they are needed, I/we hereby authorize my/our assigned Cooperative representative to order the products he/she feels are needed, and sign the orders for me/us as my agent and attorney-in-fact. I/We agree to pay for all such products so ordered by him/her. I/we agree that the Cooperative delivery and invoice documents are acceptable as proof the products and services have been provided.

I/We certify that I/we have read the information contained in this credit application to Cooperative, affiliates, divisions, subsidiaries, successors, or assigns and I/we certify that all information provided is true and correct to the best of my/our knowledge. I/We agree to bear all expenses, court costs, and reasonable attorney's fees incurred by Cooperative to enforce any and all agreements between me/us and Cooperative including costs expended to collect debts owed by me/us to Cooperative for products and/or services purchased. Such costs may be deducted from the patrons equity at the discretion of Cooperative. Furthermore, I/we acknowledge the above described terms and agree to payment of charges at the rates disclosed therein. In the event Cooperative agrees to extend credit pursuant to this credit application, I/we agree that Cooperative may increase, decrease and/or terminate my/our line of credit or otherwise alter the terms and conditions or extending credit to me/us at any time for any reason without notice to me/us. In the event the terms herein conflict with a credit application prior in date, this application's terms shall control. I/We agree to individually and jointly pay the account according to terms as agreed. Payments shall be applied first to the unpaid finance or interest charge, then to the remaining outstanding balance. A facsimile or photocopy of this credit application shall be effective as the original.

Authorized Signature (Corporation, LLC)

Everything I have signed 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 now and in the future to check our company credit, including, but not limited to, our bank and trade reference(s). Further, I attest that I am an officer of the company and authorized to make this application on the company's behalf.

The undersigned hereby releases Cooperative or its authorized agents from any and all claims or causes of action that may arise or which he/she might have by reason of information furnished to Cooperative or its authorized agents. This consent shall continue in effect until revoked in writing.

CORPORATION/LLC		
Corporation/LLC Legal Name _____	Print Name _____	Date _____
Authorized Person _____	Print Name _____	Corporation Title _____
Signature of Authorized Person _____		

Personal Guarantee: The undersigned guarantor(s) hereby guarantees prompt and satisfactory performance of the obligations of the applicant in accordance with the terms and conditions, including expenses, court costs, and reasonable attorney fees incurred to enforce this personal guaranty set forth in this application and in Cooperative's Business Credit Policy, receipt of which is hereby acknowledged. The guarantor(s) understands that his or her individual credit history may be a factor in the evaluation of the applicant. Further, the guarantor(s) authorizes the Cooperative to request consumer reports from consumer reporting agencies to consider this application.

Print Name	Signature	Date	Social Security No.
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Print Name	Signature	Date	Social Security No.
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Print Name	Signature	Date	Social Security No.
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Please mail back the completed and properly signed application to New Vision Co-op | 38438 210th St | Brewster MN

56119 email: nvcforms@newvision.coop

www.newvision.coop/accounting

Thank you for being a New Vision Co-op customer!



MyGrower Access Sign Up

New Vision Co-op

CUSTOMER INFORMATION	
THE FOLLOWING INFORMATION IS REQUIRED TO SIGN UP FOR MYGROWER	
FIRST NAME:	
LAST NAME:	
ADDRESS:	
ACCOUNT NUMBERS:	
EMAIL ADDRESS:	
PHONE NUMBER:	

I agree to register for access to MyGrower along with text and email communication platforms from New Vision. I certify that I am the owner of the above-mentioned accounts.

Print Name	Signature	Date

Optional: Sign up for EMAIL or SMS Text Messages!

- Grain Bids (Eastern) – End of Day Closing Grain Bid BREWSTER
- Grain Bids (Western) – End of Day Closing Grain Bid HILLS
- Grain Bids – End of Day Closing Grain Bid MARNA
- Grain Bids – End of Day Closing Grain Bid MAGNOLIA
- Newsletters via email
- Department News
- Meeting Notices via email
- Other texting/email options (suggestions welcome) _____

- Sign me up for e-statements!
- I am interested in Electronic Settlements
- I would like E-sign for Contracts

OPTIONAL - If you are in a partnership or have a farm manager who you want to allow access to your online account, list their information here:

Name: _____

Phone: _____

Email: _____