



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

NEWVISION.COOP/ACCOUNTING

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](mailto:nvcforms@newvision.coop)

Inside this packet you will find the following forms:

- **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 and Splits Form** – Complete this form how you'd like the account to be handled for billing and patronage. Data on this form is used to allocate business for patronage purposes and retire equity.
  - This form also has splits information. Complete the splits portion 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** – Sole Proprietorship and Business Partner
- **Credit Application** – Corporation and LLC.
- **MyGrower Account Access Form** - Sign up for MyGrower Online Access to see your statements, invoices, and payments.

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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](mailto:nvcforms@newvision.coop).

Thank you,  
New Vision Accounting Team



# 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 \_\_\_\_\_



*Service and Value Every Day*

38438 210<sup>TH</sup> 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: \_\_\_\_\_



## ACH AUTHORIZATION FORM

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.

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

### CUSTOMER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Financial Institution Routing/ABA Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Savings Account Number: \_\_\_\_\_

### AUTHORIZATION

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I would like invoices sent to me by email.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please email back to [nvcforms@newvision.coop](mailto:nvcforms@newvision.coop) or mail to **38438 210<sup>th</sup> Street, Brewster, MN 56119**.

For questions, please call 507-842-2001.

For other printable forms or more information, go to [newvision.coop/accounting](http://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

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

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)

- |  |                          |                          |  |                          |                          |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 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](mailto:nvcforms@newvision.coop)

[www.newvision.coop/accounting](http://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>
---	---

## 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.

<b>CORPORATION/LLC</b>		
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.
Print Name	Signature	Date	Social Security No.
Print Name	Signature	Date	Social Security No.

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

56119 email: [nvcforms@newvision.coop](mailto:nvcforms@newvision.coop)

[www.newvision.coop/accounting](http://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: \_\_\_\_\_