



Business Credit Application

Use this form if you are operating under a tax ID number.

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Business Information

Business Classification		Requested Credit Limit	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			
Business Name		Tax ID Number	
Billing Address			
Physical Address		Type of Business	
Business Phone		Years in Business	Annual Income

Partner or Officer Information:

Full Name		Full Name (Second Person, if applicable)	
Mailing Address		Mailing Address	
Date of Birth		Date of Birth	
Social Security #	Annual Income	Social Security #	Annual Income

Bank References

Bank Name		Bank Name (Second Bank, if applicable)	
Account Number		Account Number	
Contact Person		Contact Person	
Phone Number		Phone Number	

Trade References

Trade Creditor One (Required)		Trade Creditor Two (Required)	
Account Number		Account Number	
Contact Person		Contact Person	
Phone Number		Phone Number	
Trade Creditor Three (if applicable)		Trade Creditor Four (if applicable)	
Account Number		Account Number	
Contact Person		Contact Person	
Phone Number		Phone Number	

Individuals authorized to use this account

Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date

Please return the completed application to:

Mountain View Co-op
 Attn: Credit Department
 1030 Montana Ave NE
 Black Eagle, MT 59414
 Phone: 406.453.5900
 Fax: 406.453.2592



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Personal Guaranty

In order to induce Mountain View Co-op (hereinafter called the Cooperative) to extend credit to, or otherwise do business with _____, doing business as _____ (hereinafter referred to as Debtor), and in consideration thereof, I (we) personally guaranty the prompt payment by Debtor, when due, of each and every invoice, check, open account and/or any and all other indebtedness or liabilities (hereinafter referred to as Obligations) arising out of the sale of products and/or services by the Cooperative to Debtor for which Debtor is or shall become liable to Cooperative, together with all attorney fees, cost and expenses of collection incurred or sustained by the Cooperative in connection with any matter covered by this Guaranty. Upon any default by Debtor in payment of any obligation due the Cooperative, the Cooperative at its option may proceed in the first instance to collect any monies payable under this Guaranty against the guarantor(s), without first proceeding against the Debtor, it being agreed that the liability of the Guarantor hereunder is a primary obligation.

This is intended as and shall be a continuing guaranty and may be revoked only by the actual receipt of the Cooperative of notice in writing from Guarantor, it being understood that such revocation shall not affect this Guaranty with respect to the aforesaid obligations of Debtor existing at the time of the Cooperative's actual receipt of such notice.

Notice of the acceptance of this Guaranty is hereby waived; notice of any and all indebtedness or liability accepted during the existence of this Guaranty is hereby waived; and notice of default in the payment of any indebtedness guaranteed hereunder is expressly waived.

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date

If Mountain View Co-op approves this credit application, the applicant agrees as follows:

1. Applicant grants permission to make inquiries regarding his/her credit status.
2. Applicant signature attests to financial responsibility, willingness to pay all invoices in accordance with payment terms.
3. Upon approved credit, payment terms are the following:
 - The closing date of the billing cycle is the last day of each month.
 - All invoices are due in full by the 20th of the month following the purchase unless otherwise specified.
 - Amounts due under the account not paid by the 20th of the month following the purchase shall accrue a FINANCE CHARGE in an amount equal to one and one-half percent (1 1/2%) of the past due per month.
 - The past due balance is computed by deducting all current payments and credits from the previous balance.
 - The FINANCE CHARGE will be computed by applying a periodic rate of 1.5% per month, which is equivalent to an ANNUAL PERCENTAGE OF 18%.
 - Applicant agrees to pay such FINANCE CHARGE.
4. Mountain View Co-op, in its sole discretion, may terminate or limit applicant's use of the Account at any time.
5. Applicant will promptly notify Mountain View Co-op of any change in address.
6. The terms of this agreement may not be altered or amended, except by an instrument in writing.
7. The undersigned warrants that he/she has authority to execute this account agreement and to bind said applicant to the terms herein contained.
8. Mountain View Co-op may obtain various liens allowed by law, including but not limited to agricultural and crop liens.
9. Applicants shall pay all reasonable costs of collection incurred by reason of credit extended, including but not limited to attorney's fees, court costs and collection fees.
10. The laws of the State of Montana shall govern this agreement.
11. If Applicant(s) exceeds assigned credit limit, he/she/they/it agrees the total amount due on the account is his/her/their/its responsibility and agree(s) by signing this application that the entire balance, including amounts that exceeds the assigned credit limit due.

Mountain View Co-op is authorized to investigate applicant's credit references and credit history and to make sure inquiry concerning applicant's financial responsibility, as it may deem necessary. The authorization shall be continuing without expiration and a photocopy or fax copy shall be given the same effect as the original. Mountain View Co-op is also authorized to report to appropriate persons or agencies concerning applicant's performance of this agreement.

_____	_____
Applicant's Signature and Date	If Applicable, Co-Applicant's Signature and Date
_____	_____
Signature of Owner, Partner, Member, or Officer-for-Business Application and Date	Signature of Owner, Partner, Member, or Officer-for-Business Application and Date

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Black Eagle, MT 59414
Phone: 406.453.5900
Fax: 406.453.2592

Mountain View Co-op
 1030 Montana Ave NE
 Black Eagle, MT 59414
 (c) 406.453.5900
 (f) 406.453.2592



Patron Cardtrol Request Agreement

Account Holder	<input type="checkbox"/> New Account <input type="checkbox"/> Existing Account _____
Mailing Address	
City, State, Zip	Number of Cards Requested
If you would like additional cards, please list the names you would like on them (Leave blank if you want the account holder name only):	
Card Two	Card Three
Card Four	Card Five

1. Cardholder agrees that PUMP 24/CARDTROL facility shall be for private use by designated cardholders only.
2. Emergency pump shut-off switch and fire extinguisher are located not more than 75 feet from the pump island. The cardholder agrees to locate these two safety features before using the fuel pumps.
3. Cardholder agrees to limit the use of the above dispensing equipment to persons who have been instructed and qualified in the use of such equipment.
4. Cardholder agrees not to leave the dispensing equipment unattended at any time while it is being operated and to accept the responsibility of controlling sources of ignition. Further, you agree to dispense fuel into only State Fire Code approved fuel containers.
5. I agree to abide by Mountain View Co-op's credit policy.

Applicant agrees to explain all policies/procedures to additional cardholders and therefore, accepts all charges and responsibilities for those with additional cards.

I have read and understand all the above referenced guidelines and to the best of knowledge all information herein provided in true and accurate.

Print Name _____

Signature _____

Date _____



Cardtrol cards work at any Mountain View Co-op location, including our unmanned pumps, like this spot in Big Sandy.



You can also use your Cardtrol card inside any of our stores and charge your purchases, including food and farm supplies (with a credit account)!

Mountain View Co-op has fuel locations in Black Eagle, Big Sandy, Brady, Choteau, Conrad, Dutton, Fairfield, Fort Benton, Helena, Lincoln, Power, Raynesford, and Ulm.

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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ 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) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
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:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶
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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.