

PRODUCTS PLANNING TO PURCHASE:

APPLICATION FOR CREDIT

CHS Inc.

Main Office: 5500 Cenex Drive | Inver Grove Heights, MN 55077 Phone (651) 355-6196 | 800-323-8916 | Fax 866-623-9913

For Office Use Only	
Patron #	
Credit Limit \$	
Approval	
Date	

							CRE	DIT NEED	DED: \$		
INDIVIDUAL: (As recorded with IRS) Last Name:		First Name:		Middle Initial:	Social Security Number:			Date of Birth:			
Address:						City:		(State:	Zi	p Code:
Home Phone Numb	Home Phone Number:			Cell Phon	e / Fax Number:			Email Add	dress:		
Previous Address:					City:			State: Zip Code:		p Code:	
BUSINESS: (As rec	corded with IRS	5)						Contact	Porcon:		
	DO Boys					Contact Pe			State:	7:	o Code
Physical Address / F	-О вох:					City:					p Code:
Business Phone:			Fax Number:			Email Add		Iress:			
Federal Tax ID Num	iber:		Tax Exempt	Number:		Type of Business: Individual Pal Corporation - Date		artnership LLC Other:tte of Inc:			
AUTHORIZED SIGN	NER:					Please Print Name:			Title:		
If you are applying a	•	are you an a	authorized sigi	ner? 🔲 ı	No Yes	r lease i mit Name.			Tide.		
Departing Line: No Yes	Bank Name:			Contact Person:		Location: (City/State)		Phone Number:		Fa	ax Number:
Checking/Saving:	necking/Saving: Bank Name:			Contact Person:		Location: (City/State)		Phone Number:		Fa	ax Number:
CREDIT / TRADE R Name:	REFERENCES	Account N	lumber:		Location:		Phone Numb	per:		Fax Num	iber:
Name:	Name: Account Number:		Number:	Location:			Phone Number:		Fax Number:		
CO-APPLICANT: (If Applicable) Last Name: First Name			First Name:			Middle Initial: Social Security Number:			Date of Birth:		
Address:						City:	St		State:	Zi	p Code:
Home Phone Numb	er:			Cell Phon	e / Fax Number:			Relations	ship to Appli	cant:	
Bank Reference: Bank Name: Operating / Checking			Contact Person: Location: (City/s		tate) Phone Number:		umber:	Fa	ax Number:		
GUARANTOR: (For Business Applicants)		First Name:	e:		Middle Initial:	Social Securi	ity Number: Date of Birth:				
Address:						City:	-	-	State:	Zi	p Code:
Home Phone Numb	er:			Cell Phon	ie / Fax Number			Relations	ship to Appli	cant:	
Bank Reference: Operating / Checking	Bank Name:	:		Contact P	Person:	Location: (City/St	ate)	Phone Num	nber:	Fa	ax Number:
EACH OF THE UNDERSIGNED HEREBY GUARANTEES FULL PAYMENT OF ALL PRESENT AND FUTURE INDEBTEDNESS OF THE APPLICANT. THIS GUARANTEE IS OPEN AND CONTINUOUS AND IS GIVEN TO INDUCE CHS TO EXTEND CREDIT TO THE APPLICANT(S). THIS PERSONAL GUARANTEE SHALL REMAIN EFFECTIVE UNTIL REVOKED BY THE UNDERSIGNED BY NOTICE IN WRITING TO CHS. HOWEVER, SUCH A REVOCATION SHALL BE EFFECTIVE ONLY TO AMOUNTS DUE WHICH ARISE OUT OF NEW CONTRACTS OR TRANSACTIONS ENTERED INTO MORE THAN 30 DAYS AFTER RECEIPT OF NOTICE BY CHS. SUCH NOTICE MUST BE GIVEN BY CERTIFIED MAIL TO CHS. AT ANY TIME CHS MAY, WITHOUT NOTICE, EXTEND CREDIT TO APPLICANT OR MORDIFY, RENEW, EXTEND, OR COMPROMISE ANY INDEBTEDNESS' TAKE, SUBORDINATE, OR RELEASE ANY SECURITY INTERESTS; RELEASE APPLICANT OR ANY OTHER GUARANTOR FROM ANY LIABILITY FOR INDEBTEDNESS AND OTHERWISE DEAL WITH APPLICANT AND OTHER GUARANTORS IN ANY MANNER DEEMED FIT, WITHOUT WAIVING THE EFFECTIVENESS OF THIS PERSONAL GUARANTY. EACH GUARANTOR WAIVES PRESENTMENT, DEMAND, PROTESTS, AND NOTICE OF ANY KIND. IF THERE IS MORE THAN ONE GUARANTOR, THE OBLIGATIONS ARE JOINT AND SEVERAL. CHS MAY BRING A SEPARATE ACTION AGAINST ANY GUARANTOR WITHOUT FIRST PROCEEDING AGAINST THE APPLICANT, OR ANY OTHER PERSON OR SECURITY, AND WITHOUT PURSUING ANY OTHER REMEDY. IN ANY PROCEEDING TO INTERPRET OR ENFORCE THIS PERSONAL GUARANTEE, CHS SHALL BE ENTITLED TO RECOVER ALL OF ITS COSTS AND ATTORNEY FEES FROM ANY PERSONAL GUARANTOR. ALL NOTICES REGARDING THIS PERSONAL GUARANTEE MUST BE SENT TO CHS AT 5500 CENEX DRIVE, ATTN MS 140, INVER GROVE HEIGHTS, MN 55077. YOU FURTHER ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS AGREEMENT INCLUDED ON PAGE TWO OF THIS APPLICATION. YOU AUTHORIZE US TO CONTACT REFERENCES AND OBTAIN FINANCALL INFORMATION, INCLUDING BUT NOT LIMITED TO A CREDIT REPORT ON APPLICANT, NOW AND IN THE FUTURE AS WE DEEM NECESSARY. YOU UNDERSTAND THAT WE WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. IF APPLICANT IS AN ENTITY, APPLICANT REPRESENTS AND WARRANTS THAT THE APPLICA											
Individual Signature E		Business Signature Title			Co-Applicant Signature		Guaranto	Guarantor Signature			
Date		Date			Date		Date	Date			

**FOR CREDIT REQUESTS OVER \$10,000 - PLEASE ATTACH A CURRENT SIGNED BALANCE SHEET.

FINANCIAL INFORMATION:

BALANCE SHEET AS OF______FOR_____(NAME OF INDIVIDUAL OR BUSINESS)
OR, PLEASE ATTACH YOUR MOST RECENT BALANCE SHEET. (NOTE: ALL INFORMATION MUST BE COMPLETED TO
RECEIVE CONSIDERATION FOR ANY CREDIT LIMIT REQUESTS GREATER THAN \$10,000)

ASSETS	DEBT & NET WORTH	
CASH & INVESTMENTS	\$ ACCOUNTS PAYABLE	\$
CROP INVENTORY TOTAL	NOTES DUE WITH BANK	
LIVESTOCK INVENTORY	CURRENT PORTION - TERM DEBT (DUE 1 YR.)	
PRE-PAID EXPENSES - CROPS	LAND RENT PAYABLE	
NOTES / ACCOUNTS RECEIVABLE	CREDIT CARD DEBT	
OTHER CURRENT ASSETS ()	OTHER CURRENT DEBT (CONTRACT FOR DEED)	
TOTAL CURRENT ASSETS	\$ TOTAL CURRENT DEBT	\$
MACHINERY & EQUIP. TOTAL	EQUIP. LOANS (NET OF CURRENT ABOVE)	
FARM REAL ESTATE	VEHICLE LOANS	
IRA'S & SECURITIES	REAL ESTATE LOANS (NET OF CURRENT)	
OTHER FIXED ASSETS ()		
TOTAL LONG TERM ASSETS	\$ TOTAL LONG TERM DEBT	\$
TOTAL ASSETS	\$ TOTAL LIABILITIES	\$
	NET WORTH	\$

- 1. IN THE AGREEMENT "YOU" AND "YOUR" IS THE APPLICANT(S), AND "WE", "US" OR "OUR" IS CHS INC.
- YOU AGREE TO PAY US FOR CREDIT EXTENDED ON THIS ACCOUNT PURSUANT TO THIS AGREEMENT, TOGETHER WITH ALL APPLICABLE CHARGES. YOU AGREE
 THAT THIS ACCOUNT SHALL BE USED ONLY FOR BUSINESS OR AGRICULTURAL PURPOSES AND NOT PRIMARILY FOR PERSONAL, FAMILY OR HOUSEHOLD
 PURPOSES.
- 3. YOU WILL RECEIVE A MONTHLY ACCOUNT STATEMENT SHOWING THE PURCHASES FOR THE PRIOR MONTH. YOU AGREE TO PAY THE ENTIRE BALANCE SHOWING ON YOUR ACCOUNT STATEMENT BY THE PAYMENT DUE DATE, AND YOU UNDERSTAND THAT WE MAY IMPOSE A FINANCE CHARGE OF 1.5% PER MONTH (WHICH IS AN ANNUAL RATE OF 18%), OR AS APPLICABLE ACCORDING TO STATE LAW, IF ANY PORTION OF YOUR BALANCE REMAINS UNPAID BEYOND THAT DATE.
- 4. WE WILL SET YOUR CREDIT LIMIT AND THIS IS THE MAXIMUM AMOUNT YOU MAY CHARGE ON YOUR ACCOUNT. WE MAY REFUSE TO EXTEND ADDITIONAL CREDIT AT ANY TIME.
- 5. THE FINANCE CHARGE ON THE ACCOUNT IS COMPUTED BY ADDING THE BALANCE OUTSTANDING EACH DAY IN THE BILLING PERIOD DIVIDED BY THE NUMBER OF DAYS IN THAT PERIOD. THE BALANCE OUTSTANDING EACH DAY IS DETERMINED BY ADDING ANY PURCHASES AND CHARGES AND SUBTRACTING PAYMENTS AND CREDITS FROM THE BALANCE OUTSTANDING. THE MINIMUM CHARGE IS \$0.50 PER MONTH. INTEREST MAY BE COMPOUNDED AT OUR DISCRETION IF PERMITTED BY LAW.
- 6. PAYMENTS SHALL BE APPLIED FIRST TO THE UNPAID FINANCE CHARGE, THEN TO THE REMAINING OUTSTANDING BALANCE.
- 7. IN THE EVENT THAT COLLECTION PROCEEDINGS ARE INSTITUTED TO COLLECT ANY BALANCE DUE, YOU AGREE TO PAY ALL COLLECTION COSTS, INCLUDING ATTORNEYS' FEES, LEGAL EXPENSES AND OTHER COSTS AND EXPENSES TO COLLECT ANY DEBT OR ENFORCE ANY RIGHT UNDER THIS AGREEMENT.
- 8. IF APPLYING FOR A JOINT ACCOUNT, YOU EACH AGREE TO BE BOUND BY THE TERMS OF THIS AGREEMENT AND SHALL BE JOINTLY AND SEVERALLY LIABLE FOR PAYMENT OF ALL PURCHASES MADE UNDER THIS AGREEMENT.
- 9. IF YOU: (A) FAIL TO MAKE A PAYMENT WHEN DUE; (B) BREACH ANY OBLIGATION UNDER THIS AGREEMENT; (C) MAKE ANY FALSE STATEMENTS TO US; OR (D) FURNISH ANY FALSE OR MISLEADING INFORMATION, WE MAY SUSPEND AT OUR OPTION; LIMIT, SUSPEND OR CANCEL YOUR ACCOUNT; ACCEPT LATE OR PARTIAL PAYMENTS WITHOUT LOSING ANY RIGHTS; REQUIRE THE IMMEDIATE PAYMENT OF THE OUTSTANDING BALANCE, INCLUDING FINANCE CHARGES AND OTHER FEES; OR TAKE ANY OTHER ACTION PERMITTED BY LAW. TERMINATION DOES NOT AFFECT YOUR OBLIGATION TO PAY YOUR EXISTING BALANCE.
- 10. TO THE EXTENT PERMITTED BY LAW, IF ANY CHECK OR OTHER PAYMENT YOU PRESENT TO US IS RETURNED UNPAID, YOU MAY BE ASSESSED A DISHONORED PAYMENT FEF LINDER THIS AGREEMENT
- 11. WE MAY CHANGE THE TERMS OF THIS AGREEMENT AT ANY TIME AND WILL NOTIFY YOU IN ADVANCE OF THE CHANGES IN WRITING. YOUR CONTINUED USE OF THE ACCOUNT WILL INDICATE YOUR ACCEPTANCE OF ANY CHANGE.
- 12. WE MAY FROM TIME TO TIME REQUEST INFORMATION FOR THE PURPOSE OF CONDUCTING A CREDIT REVIEW FOR INSURING PAYMENT, AND YOU AGREE TO FURNISH INFORMATION REQUESTED BY US WITHIN A REASONABLE PERIOD. FURTHER, YOU AUTHORIZE US TO INVESTIGATE YOUR CREDIT RECORD, AND YOU UNDERSTAND WE MAY OBTAIN A CREDIT REPORT. YOU AUTHORIZE US TO FURNISH INFORMATION ABOUT YOUR ACCOUNT TO CREDIT REPORTING AGENCIES AND OTHERS WHO LAWFULLY MAY RECEIVE IT. FURTHER, WE ARE AUTHORIZED TO CHECK YOUR CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH US. YOU ALSO AUTHORIZE YOUR BANK/LENDING INSTITUTION TO PROVIDE A CREDIT REFERENCE AND YOUR CURRENT FINANCIAL STATEMENT TO US. IF REQUIRED, A PHOTOCOPY OF THIS CREDIT APPLICATION IS AUTHORIZATION FOR THE BANK AND TRADE REFERENCES TO PROVIDE NECESSARY CREDIT INFORMATION.
- 13. WE ARE NOT BOUND BY ANY NOTATION OF "PAID IN FULL" THAT ACCOMPANIES ANY PAYMENT IF THE PAYMENT IS NOT FOR THE TOTAL OUTSTANDING AMOUNT.
- 14. YOU AGREE TO NOTIFY US IMMEDIATELY OF ANY QUESTIONS ABOUT A STATEMENT OR CHANGE IN ADDRESS.
- 15. NO DELAY OR OMISSION TO EXERCISE RIGHTS WILL IMPAIR ANY SUCH RIGHTS OR WILL BE A WAIVER OF ANY DEFAULT OR RIGHTS.
- 16. FACSIMILE OR ELECTRONIC COPIES OF SIGNATURES SHALL BE DEEMED ORIGINAL SIGNATURES FOR ALL PURPOSES RELATED TO THE AGREEMENT.
- 17. WE ARE AUTHORIZED TO FILE AN AGRICULTURAL LIEN AS ALLOWABLE BY STATE LAW.
- 18. UNTIL NOTIFIED IN WRITING TO THE CONTRARY BY THE PATRON, CHS MAY ASSUME THAT THE PATRON'S SPOUSE, CHILDREN OVER THE AGE OF SIXTEEN YEARS, AND EMPLOYEE'S IF ANY, ARE AUTHORIZED TO PURCHASE GOODS OR SERVICES AND CHARGE THEM TO THE PATRON'S ACCOUNT.
- 19. TO THE EXTENT PERMITTED BY APPLICABLE LAW, THIS APPLICATION AND ALL RELATED INSTRUMENTS AND DOCUMENTS SHALL BE GOVERNED BY, AND CONSTRUED IN ACCORDANCE WITH, THE LAWS OF THE STATE OF MINNESOTA (WITHOUT REGARD TO THE CONFLICT OF LAWS PROVISIONS THEREOF). APPLICANT IRREVOCABLY AND UNCONDITIONALLY (1) AGREES THAT IT IS AND SHALL CONTINUE TO BE SUBJECT TO THE JURISDICTION OF THE STATE COURTS OF THE STATE OF MINNESOTA; AND (2) CONSENTS AND SUBMITS TO THE EXCLUSIVE JURISDICTION OF ANY STATE COURT LOCATED IN THE STATE OF MINNESOTA, AND WAIVES ANY OBJECTION RELATED THERETO, FOR ANY ACTION, LITIGATION OR PROCEEDING OF ANY KIND WHATSOEVER IN ANY WAY ARISING FROM OR RELATING TO THIS APPLICANT'S ACCOUNT OR ANY INSTRUMENTS OR DOCUMENTS RELATED THERETO.
- 20. TO UNDERSTAND HOW AND WHY WE USE YOUR PERSONAL INFORMATION, PLEASE SEE: https://www.chsinc.com/privacy. CHS INC. CONSIDERS THIS RESTRICTRED INFORMATION.

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CHS Inc. Counterparty Electronic Funds Transfer (EFTs) Disbursements Authorization Form



The named company/individual acknowledges and agrees that the terms and conditions of all agreements with CHS and its subsidiaries concerning the method and timing of payments for goods and services shall be amended as provided herein. The named company/individual further acknowledges and agrees that the method of payments of any and all other amount(s) due and owing by CHS including, but not limited to, payments of patronage and/or equity/patronage redemption may be made in the same manner. Payment will be delivered via electronic funds transfer to the bank account noted below. The named company/individual will give thirty (30) days advance notice in writing to CHS for any changes in its depository institution or other payment instructions. To help us ensure accuracy, please provide the following if available: For checking accounts, provide a voided or clear copy of check, for savings accounts, provide savings deposit slip or a clear copy.

All fields marked with an asterisk (*) are required.							
Areas in Orange CHS Internal Use							
Payee Information:							
Disbursement Type: ACH	☐ Wire Transfers						
Request Type:	☐ New Setup ☐ Change Request						
*Payee Legal Name:							
*CHS Vendor Number: (Located on Payment Remittance)							
*Mailing Address:							
*City, State, ZIP:							
*Phone:							
*Email Address (for payment notifications):							
(Payment notifications will be sent from	m to the email address provided above)						
Accounts Receivable Inf	ormation (if applicable):						
Contact Name:							
Phone (if different than above):	()						
Email (if different than above):							
EFT Disbursement/Paym							
	n financial institutions will be made in Canadian Dollars (CAD).						
*Bank Country							
*Bank Name:							
*Bank ABA Routing Number or SWIFT/BIC:							
Bank IBAN, if applicable:							
*Bank Account Number:	Savings Account:						
Intermediary Bank Informa	ntion if Applicable (Wire Transfers):						
*Bank Country:							
*Bank Name:							
*Bank ABA Routing Number or SWIFT/BIC:							
Authorization:							
*Authorized Person:							
	(Print Name)						
*Signature (required):	*Date:						
• • • •	to verbally verify your account information. Requests will be processed within 30 days once verification of						

account information is completed. **

Form Revised: 4/2021

EFT_CHS

Submit the completed form via email or fax. If you have questions about this form, please call at						
Email:						
Fax:						
Below Is For Internal Use Only: Bank Information Validation						
It is the responsibility of the group requesting the EFT to validate all banking information. Validation should be clearly documented below. The individual receiving the request for new or changing banking information must be separate from the individual performing the validation. Please see the CHS Global Electronic Funds Transfer Disbursements Policy for further guidance.						
Form Received By:						
Validation Performed By:						
Date Validation Performed:						
Name of Individual Contacted						
Phone Number Called – Do not use the information provided on request form userified against internal data or through means (e.g. internet search). If phone above is used please document verification method used to confirm accuracy. Prior banking information validated if cavailable? Yes No N/A	unless h other e number cation					
New/Changed Bank Account Number						
New/Changed Bank Account Routing I	Number					
New/Changed Bank Name						

Form Revised: 4/2021 EFT_CHS



Request for Taxpayer Identification Number and Certification

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

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

	Triane (as shown on your moone tax return). Name is required on this line, do not leave this line sharin.								
	2 Business name/disregarded entity name, if different from above								
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes. Individual/sole proprietor or	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):							
	single-member LLC		Exempt payee code (if any)						
r typ ictio	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne								
Print or type. ic Instructions	Note: Check the appropriate box in the line above for the tax classification of the single-member o LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single disregarded from the owner should check the appropriate box for the tax classification of its owners.	Exemption from FATCA reporting code (if any)							
ecif	Other (see instructions) ▶		(Applies to accounts maintained outside the U.S.)						
Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)							
Sec	6 City, state, and ZIP code								
	7 List account number(s) here (optional)								
Par	t I Taxpayer Identification Number (TIN)								
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a	- CIG	curity number						
reside	p withholding. For individuals, this is generally your social security number (SSN). However, in alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>								
TIN, later.									
	If the account is in more than one name, see the instructions for line 1. Also see What Name er To Give the Requester for guidelines on whose number to enter.	identification number							
Par	Certification								
Under	penalties of perjury, I certify that:								
2. I an Ser	number shown on this form is my correct taxpayer identification number (or I am waiting for n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest onger subject to backup withholding; and) I have not been n	otified by the Internal Revenue						
	n a U.S. citizen or other U.S. person (defined below); and								
	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	o .							
Certifi	cation instructions. You must cross out item 2 above if you have been notified by the IRS that you	ou are currently subj	ect to backup withholding because						

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 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)

- \bullet 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.

Save time and money.

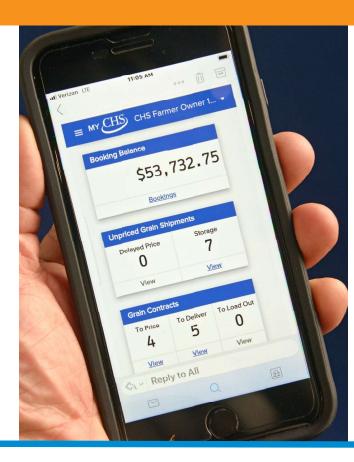


Go Digital!

MyCHS is your online and mobile connection to empower your business... anytime, anywhere.

MyCHS is your connection to empower your business and do so much more.

- Review your prepay balances
- Quickly view your year-end grain totals
- Check remaining amounts on open contracts and bookings
- Easily track invoices and their payment
- Simply access and share key documents with your accountant or other key people
- Don't wait for the mail, easily access settlement and payment details
- Pay your balance online



REGISTER TODAY!

Simply scan this code to get started.



registration.chsinc.com

LOGIN TO MYCHS

You must be a registered user and then simply scan the code.



mychs.chsinc.com