

## WESTCO CONSUMER CREDIT APPLICATION & AGREEMENT

All fields are required to fully complete application. All applications must be signed (below) & emailed to [credit@westco.coop](mailto:credit@westco.coop), returned to your local WESTCO office, or mailed to the Alliance Main Office, PO Box H, Alliance, NE 69301.



Email: [credit@westco.coop](mailto:credit@westco.coop)

Phone: (308) 762-3112

PO Box H

Alliance, NE 69301

### APPLICATION FOR:

- ☐ Fuel/Auto/General Needs
- ☐ Propane
- ☐ Heating Fuel

### If Propane: Tank Selection

- ☐ Lease WESTCO Tank
- ☐ Purchase WESTCO Tank
- ☐ I own my own tank

### If Propane: Tank Location

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Residence Information: ☐ Own My Property OR

WESTCO Local Office: \_\_\_\_\_

☐ Rent Landlord Name: \_\_\_\_\_

WESTCO Local Partner: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

### APPLICANT INFORMATION:

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

S.S.N.: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rent or Mortgage/Month: \_\_\_\_\_

Bank Reference: \_\_\_\_\_

### EMPLOYMENT INFORMATION:

Present Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Years with Employer: \_\_\_\_\_ Net Income/Month: \$ \_\_\_\_\_

### MISC. INFORMATION:

Nearest Relative (Not living with you): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### CREDIT AUTHORIZATION

The information provided on this application is correct and complete. I hereby authorize Western Cooperative Company (DBA WESTCO) to conduct a credit investigation, including contact of my bank reference to support information I have provided. I also agree to abide by WESTCO's credit terms, which I have reviewed:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PATRONAGE DIVIDENDS

As a patron of Western Cooperative Company, I hereby consent and agree that the amount of any distributions with respect to patronage occurring on or after Oct. 1, 1963, which are made in written notices of allocation as defined in 26 U.S.C. 1388, and I receive from the Cooperative, will be into my accounts at their stated dollar amount in a manner provided in 26 U.S.C. 1385(a) in the taxable year in which I receive such written notices of allocation. \*\* Receiving Patronage is optional. If receiving patronage, please sign. This will require you to submit a completed W-9 Form with this Credit Application.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Credit accounts bill under 30-day terms. Propane Customers may be eligible for our Annual Propane Budget Program which begins in June.  
Are you interested in this program? ☐ Yes ☐ No

**Credit Applications MUST be signed and accompanied by a photocopy of the applicant's state driver's license.**

**\*\*PLEASE BE SURE TO FILL OUT PAGE 2 \*\***

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Will you need WESTCO charge cards? ☐ Yes ☐ No

Total number of cards needed: \_\_\_\_\_

Cards with same number and same pin: \_\_\_\_\_

Cards with different number and different pin: \_\_\_\_\_

(Same + Different must equal total cards.)

*WESTCO Charge Cards are only needed if you plan to use your WESTCO Account at our C-Stores or 24-hour fuel locations.*

All charges will go under one account; however, on your statement you can see the card number of the purchaser, giving you the ability to split out charges if needed.

#### WESTCO CREDIT TERMS:

This information sheet outlines our convenient credit terms. Please contact the Credit Department if you have any questions.

- Credit customers receive a monthly statement with a last day of the month cut-off date.
- Monthly statement balances are due in full by the last day of the following month. (i.e. the April statement balance sent as of April 30<sup>th</sup> is due by May 31<sup>st</sup>.)
- Any unpaid statement balance is considered past due and generates a finance charge to account. The finance charge is computed at a rate of 1.33% per month, which is an annual rate of 16%. Minimum finance charge is \$0.50. Once a finance charge has generated, an account may be temporarily suspended from charge privileges. Full balance payment must be received, and a new credit application may be required before the account will be considered for reinstatement of charge privileges.
- Propane and Bulk Fuel Delivery Policy (not applicable to scheduled routes)
  - Minimum delivery is 200 gallons
  - \$50 leak test charge will be assessed if you have run out of propane. (The leak test must be performed prior to putting the system back in service due to federal regulations; therefore, customer must be present.)
  - A minimum \$50 service charge may be assessed if five business days notice is not given prior to delivery.
  - A \$75 service charge will be assessed on after-hours and weekend delivery requests.

Above amounts subject to change without prior notice.

Thank you for your interest in Western Cooperative Company. We look forward to a long business relationship with you.

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional) <b>Western Cooperative Co.; dba WESTCO; Jordon; Western Aviation; New Alliance; PO Box H, Alliance, NE 69301</b>
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>	
<div></div>	<div></div>
<b>or</b>	
<b>Employer identification number</b>	
<div></div>	<div></div>

**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.

<b>Sign Here</b>	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](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they