# Account Application:

Account #:_____
Location:_____


Britton Administrative office
520 Vander Horck Ave
Britton, SD 57430
Phone: 1-800-927-2131


**C-Store:**
Britton . . . 605-448-2214

**Energy Division:**
Britton . . . . 605-448-5599

**Grain Division:**
Amherst . . 605-448-5914
Claremont . 605-294-5261
Forman . . . 701-724-6213
Gwinner . . 701-678-2468

**Agronomy Division:**
Britton . . . . 605-448-2285
Doland . . . 605-635-6111
Groton . . . 605-397-2671
Gwinner . . 701-678-2318
Hecla . . . 605-994-2231
Pierpont . . 605-325-3260

*Name*_____ *Social Security #*_____ *Home Phone*_____

*Address*_____ *City*_____ *State*____ *Zip*_____ *Date of Birth*_____

*Description of Location if Rural*_____ *Years at Present Address*_____

*Previous Address*_____ *Years There*_____ *Number of Dependents*_____

*Present Employer*_____ *# of Years*_____ *Position*_____ *Monthly Income*_____

*Previous Employer*_____ *#of Years*_____ *Position*_____

*Nearest relative not living with you*_____ *Address*_____ *Relationship*_____

***Account will be used for:*** ***Agronomy***_____ ***Feed***_____ ***Refined Fuels***_____ ***LP***_____

## Credit Reference: (list all obligations with Banks, Finance Companies, etc.)

| Name of Credit Reference | Account # | Balance | Payment |
|---|---|---|---|
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**Co-applicant: Complete this part only if (1) Another person will use this account. Such person must also sign the application and be jointly obligated on the account, or (2) You are relying on income derived by a spouse or former spouse for repayment.**

*Name*_____ *SS #*_____ *Phone*_____

*Address*_____ *City*_____ *State*____ *Zip*_____ *Date of Birth*_____

*Employer name and address*_____ *Years There*_____ *Income*_____

The above information is for the purpose of obtaining credit and is warranted to be true. I agree to pay all bills, according to the Full Circle Ag credit policy, upon receipt of the statement or as otherwise expressly agreed.

I hereby authorize the person or firm to whom this application is made to investigate the references herein listed from any other person pertaining.

_____
Applicant Date

_____

**INDIVIDUAL CONSENT AND CERTIFICATION OF TAXPAYER I.D. # W-9**

_____
Name as shown on account EIN# or SSN Date.

_____
Mailing address City State. Zip

I hereby consent to include in my gross income as now or hereafter provided in the Fed. income tax laws, the stated dollar amount of each notice of allocation which I receive from Full Circle Ag, with respect to my patronage occurring during the current and all subsequent taxable years of their cooperative. This consent shall be revocable by me at any time in writing. Certification — Under penalty of perjury, I certify that the number shown on this form is my correct taxpayer ID or SS#. Sign below:

X _____