Western Consolidated Cooperative NEW CUSTOMER SETUP FORM

*Required information for account to be opened

*Account Name:				
Contact Name:				
*Address:				
*City, State, Zip Code	e, County:			
Phone Number:		GRAIN CUSTOMERS *2 Grain Marketing References:		
I none ivamber.		2 Grain Warketing Ker	ici ciices.	
*Social Security/Tax ID	:			
*Birthday/Date Est:				
Cell Number:				
Email:				
I would like to sign up f Cell Phone Provider:	or text message of gra	ain markets:		
I would like to sign up f	or online access to Gr	ower 360		
	OFFICE USE ONLY	<u>Y</u>	Grain Reference	
	ES PERSON:		Text message	
Appleton: Holloway:			Grower 360	
Ortonville Fuel: Twin Brooks:			W9 sent	
			MN Sales Tax SD Sales Tax	
CUSTOMER TYPE (circle the	ones that will apply):		SD Sales Tax	

CHEMICAL SEED AGRONOMY GRAIN FUEL

FERTILIZER