



Welcome to Yakima Cooperative. To become a member fill out part 1. If you would like an account opened with your membership complete parts 1 & 2.

1 INDIVIDUAL CONSENT & SUBSTITUTE FEDERAL FORM W-9

Select One:

Table with 2 columns: Commercial Farm, Business, Consumer, Other

Name As Shown On Account:

Mailing Address:

Phone Number:

Social Security or Federal ID#:

Birthdate:

I HEREBY CONSENT TO INCLUDE IN MY GROSS INCOME, AS NOW OR HEREAFTER PROVIDED IN THE FEDERAL INCOME TAX LAWS, THE STATED DOLLAR AMOUNT OF EACH WRITTEN NOTICE OF ALLOCATION WHICH I RECEIVE FROM:

Yakima Cooperative Association, Yakima, WA

WITH RESPECT TO MY PATRONAGE OCCURING DURING THE CURRENT AND ALL SUBSEQUENT TAXABLE YEARS OF THIS CO-OPERATIVE. THIS INDIVIDUAL CONSENT SHALL BE REVOCABLE BY ME AT ANY TIME IF IN WRITING.

UNDER PENALTY OF PERJURY, I CERTIFY THAT:

(1) THE CERTIFICATION 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

CERTIFICATION INSTRUCTIONS: CROSS OUT ITEM (2) ABOVE IF YOU HAVE BEEN NOTIFIED BY THE IRS THAT YOU ARE SUBJECT TO BACKUP WITHHOLDING BECAUSE OF UNDERREPORTING INTEREST OR DIVIDENDS ON YOUR TAX RETURN AND HAVE NOT RECEIVED ANOTHER NOTIFICATION THAT YOU ARE NO LONGER SUBJECT TO BACKUP WITHHOLDING.

Date:

Signature:

2 CREDIT APPLICATION

Yakima Cooperative 509-457-5380

501 South Front St 509-452-2640 Fax

Yakima, WA 98901 877-457-5380 Toll Free

yakimacoop.com

Name:

Social Security#

Date of Birth:

Mailing Address:

City:

State, Zip

Telephone:

Cell Phone:

Work Phone:

Table with 4 columns: Check Product (s), Farm Supply Store, Home Heating Oil, Gas Station Cards, Propane & Tanks, Delivered Fuel

Spouses Name:

Social Security#

Date of Birth:

Delivery Address:

City:

State, Zip

Employer:

Occupation:

I certify that the foregoing information has been supplied truthfully, accurately, and voluntarily and authorize Yakima Co-op to verify the information given and my credit worthiness. I hereby agree to pay my account in full on or before the 30th of each month, and understand that accounts not paid in full by the 30th of each month will incur a finance charge of 1.5% per month or 18% per annum. In the event it becomes necessary to refer my account for collection I will pay, to the extent permitted by law with or without suit and upon appeal, all reasonable attorneys' fees and cost incurred in the collection of my accounts.

Further, it is understood that all payments received or credits given will be first applied to any finance charges and then to the principal balance due. Yakima Co-op reserves the right to discontinue sales or service to past due accounts and claim any labor or material liens provided by law.

Date:

Signature:

Date:

Spouses Signature:

A Note About Patronage Dividends

Yakima Co-Op's Bylaws at Article XIII, Section 5, obligate it to pay its annual net savings from patronage to its "patrons" which is defined as referring to members (which must be "producers") and to persons with whom Yakima Co-Op has contracted or otherwise determined to deal on a nonprofit, cooperative basis. In consideration of your execution of this form, Yakima Co-Op hereby contracts and determines to deal with you on a nonprofit, cooperative basis in accordance with Article XIII of its Bylaws. If you are a member, patronage dividends paid to you must be reported to the IRS. That is why we are required have have members complete a W-9. Members must include patronage dividends as part of their gross income. Patronage dividends paid to non-member consumer patrons are typically not reported to the IRS because they are excluded from their gross income. They are considered a discount on a purchase. Consult your tax advisor for how the regulations apply to your specific situation.