



Benefits of a MWC Charge Account:

- Summarized Monthly Statement
- Net 30 day terms
- Online Bill Pay
- Patronage Benefits to Agricultural Producers
- Specify Authorized Purchasers and P.O.
- Easy Account Look Up – No Card Required

One Account Multiple Products

Bulk Fuel Delivery
24hr Fueling Cards
Agronomy
Feed & Ranch Supplies
MWC Retail Stores

To Apply: Complete and print the attached documents. (Note that changes to the form will not save to your computer) Please sign and date at each of the 4 red Xs; then scan, mail or fax them to the Missoula office.

Mountain West Cooperative

4570 N Reserve Street

Missoula, MT 59808

Email: account@cenexmt.com Fax: (406) 549-5195

Be sure to include:

✓ **Signed Credit Application**

✓ **Signed Consent to Release
Information**

✓ **Signed Patronage Application**

(All accounts need a Patronage application; only Agricultural Producers will qualify for patronage per the CHS Inc. Cooperative bylaws)



Mountain West Cooperative, a division of CHS Inc.

CONFIDENTIAL PERSONAL CREDIT APPLICATION

4570 North Reserve Street, Missoula, MT 59808

Phone: 406.543.8383

FAX: 406.549.5195

Locations at Missoula, Ronan, Stevensville, & Drummond

PERSONAL INFORMATION: APPLICANT

Name:	<small>FIRST MIDDLE LAST</small>	E-Mail Address:
Mailing Address:	Date of Birth:	
Physical Address:	Social Security No:	
City:	State/Zip:	Marital Status:
Telephone No:	Cell Phone No:	No. of Dependents:
Present Employer:	Position:	How Long?
Address:		
City:	State/Zip:	Telephone No.:
Previous Employer:	Position:	How Long?
<small>Name Address Phone</small>		
Nearest Relative not living with you:		

PERSONAL INFORMATION: CO-APPLICANT

Name:	<small>FIRST MIDDLE LAST</small>	E-Mail Address:
Mailing Address:	Date of Birth:	
Physical Address:	Social Security No:	
City:	State/Zip:	Marital Status:
Telephone No:	Cell Phone No:	No. of Dependents:
Present Employer:	Position:	How Long?
Address:		
City:	State/Zip:	Telephone No.:
Previous Employer:	Position:	How Long?

Service Requested (check all that apply):	<input type="checkbox"/> Cardrol Cards	<input type="checkbox"/> Agronomy	<input type="checkbox"/> Fuel
	<input type="checkbox"/> Heating Fuel	<input type="checkbox"/> Farm Supplies	<input type="checkbox"/> Oil

If Cardrol is requested: No. of Cards: _____ **Card Input Requirements: Odometer Reading Y N Vehicle Number: Y N**
Authorized Signature Only account restrictions available. Please request a form if you are interested.

Bank References:

Type of Account:	Bank Name:	Address:	Account Number:
Checking Account			
Savings Account			

By signature herein, Applicant(s) authorized the release of all Bank & Trade information to CHS Inc.

Terms & Conditions:

Unless otherwise agreed to in writing, all accounts are due & payable in full on the 25th of each month for the prior month's purchases. I(we) understand that if any portion of the balance remains unpaid after the due date, I(we) may be placed on a cash basis until that amount is paid. I(we) understand that a **FINANCE CHARGE** of **1.50%** (18% APR) will be assessed on any past due balance (minimum charge of \$0.50). Payments shall be applied first to any unpaid Finance Charge, then to the remaining outstanding balance due. In the event that collection proceedings must be instituted to collect any balance due, I(we) understand that I(we) may be subject to, and agree to be liable for, additional collection agency fees, court costs, and/or attorney fees. All parties to this Application agree to be bound by the terms of this Agreement, and each agree to be jointly and severally liable for payment of all purchases made under this Agreement. CHS Inc. shall have the right to limit or terminate this Agreement, as well as the resulting open account at any time, but such termination shall not affect my(our) obligation to pay any outstanding balance on the account. CHS Inc. may, at its option, declare the entire outstanding balance and payable.

I(we) state that all information contained herein is correct to the best of our knowledge, and hereby consent and agree to, and authorize, the use of a Credit Report at any time to evaluate credit worthiness. I(we) authorize all trade & banking institutions listed above to release requested credit information to CHS Inc. as part of this Application. I(we) understand that CHS Inc. will retain this Application whether or not it is approved. This Application does not create an obligation for CHS Inc. to supply services to us.

Signature of Applicant(s):	Printed Name	Date
X		



MOUNTAIN WEST COOPERATIVE, a division of CHS Inc.

CONSENT TO RELEASE INFORMATION

To Whom It May Concern:

I (We) authorize all trade reference sources, banking and financial institutions, credit reporting agencies and others to release requested credit information to Mountain West Cooperative, a Division of CHS Inc., or its designee, as part of my application for an account with them. A photocopy or facsimile copy of this authorization shall be valid as the original.

BUSINESS RELEASE:

Company Name (Type or Print Clearly)	dba:
Address	City, State, Zip Code
Name of Person Authorizing Release (Print Clearly)	Title of Person Authorizing Release
Signature of Person Authorizing Release	
Telephone Contact Number for Person Authorizing Release	

INDIVIDUAL RELEASE:

Name (Type or Print Clearly)	
Address	City, State, Zip Code
Signature Authorizing Release X	
Telephone Contact Number	

Privacy Policy

(Applicable only in the case of credit primarily for personal, family or household purposes)

We respect your concern about privacy, and utilize all reasonable measures to maintain the confidentiality of the information you provide. Any information provided by you to CHS Inc. ("CHS") or any of its affiliated businesses is used for internal business purposes only, and to support your relationship with CHS and any of its affiliated businesses. We value your relationship. Please take a few moments to read about how we collect, use and protect the information you provide to us, as well as how information you provide to us is shared.

This policy applies to CHS and all of its affiliated businesses.

We need to collect information in connection with establishing and maintaining your account with CHS. We also need this information so that CHS and our affiliated businesses can better support and meet your needs, and provide a superior level of service. CHS collects nonpublic personal information about you from the following sources:

1. Information we receive from you on your application and other forms you submit to us (for example, *your name, address, social security number, assets and income*)
2. Information about your transactions and account experience with CHS, our affiliated businesses, or others (for example, *your account balance, payment and purchase history*); and
3. Information we receive from a consumer-reporting agency (for example, *your creditworthiness and credit history*).

"Nonpublic personal information" is information about you that we obtain in connection with providing a financial product or service to you. It includes information of the types listed above in the examples.

We may disclose all three categories of nonpublic personal information (as described above) to CHS' affiliated businesses to which this policy applies. **We do not disclose any nonpublic personal information about you or former customers to non-affiliates, except as may be permitted or required by law.**

We may also disclose all of the information we collect as described herein to companies that perform marketing services on our behalf or to other financial institutions with whom we have joint marketing agreements. To protect your privacy, we work with companies that agree to maintain confidentiality protections and limit the use of the information to the purposes stated in the agreement.

We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Thank you for taking the time to read this information about privacy and your account. Please note that the examples given above, including the types of information we collect and share and how the information is intended to be used, is not exhaustive. We also reserve the right to change this privacy policy at any time and without notice. We will send one notice of our privacy policy annually to the address on the account so long as you maintain an ongoing relationship with us. You can always review our current policy by contacting us for a copy. If you have any questions regarding this notice, please contact us at the following toll-free number: **1-800-535-4470**. Thank you for your business with CHS!



**CHS Inc.
Patronage Application and Eligibility Form**

Legal Name of Individual or Entity (AS RECORDED WITH THE IRS)

CHS Use Only:		Employee Initial: _____
_____	_____	_____
Location Number	Patron Number	Consent Code

Care of Name/Attention

Mailing Address

Telephone Number (Include Area Code)

City State Zip Code

Birth Date: _____ - _____ - _____
(If Individual) Month Day Year

1. The undersigned certifies that the type of entity or individual holding the account is a/an:

- Qualifying Association – Operating on a coop basis (As defined below) Individual Agricultural Producer (As defined below) Family Farm Entity engaged in agricultural production
- Trust or Estate engaged in agricultural production Entity (100% owned by CHS Members)*
- Entity (at least 20% owned by Qualifying Associations or Agricultural Producers as defined below)*

Brief Description of Business of the Entity: _____

An "Entity" means a partnership, corporation, limited liability company, limited liability partnership, trust or similar entity.

***SEE DESCRIPTION OF ENTITY ELIGIBILITY REQUIREMENTS ON REVERSE SIDE OF THIS FORM.**

A "Qualifying Association" is an association of agricultural producers organized and operating on a cooperative basis and so as to adhere to the provisions of the Agricultural Marketing Act or the Capper-Volstead Act.

An "Agricultural Producer" is a person who is actually engaged in the production of agricultural products, including tenants of land used for the production of any such product, and lessors of such land who receive as rent therefore a product of such land.

OR

2. The above named account is not an entity or individual described in 1. above. (IF #2 IS CHECKED YOU DO NOT QUALIFY FOR PATRONAGE)

Certification — Under penalties of perjury, I certify that:

- (1) The number I have provided below on this form is my correct Taxpayer Identification Number.
- (2) I am not subject to backup withholding either because 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 the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions — You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under reporting interest of dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding you received another notification from the IRS that you are no longer subject to the backup withholding, do not cross out item #2.

IT IS IMPORTANT TO NOTE THAT ONLY ONE NUMBER CAN BE USED AND THAT NUMBER SHOULD MATCH THE NUMBER ON FILE WITH THE IRS. THIS IS THE NUMBER CHS WILL REPORT PATRONAGE EARNINGS UNDER.

Social Security Number (If Individual)

X
Signature

Date

OR

Federal Identification Number (For Entity/Coop)

Title of Officer if Patron is an Entity

Consent — Please check either section (1) or (2) below. By checking Waiver, you will be waiving any patronage you would otherwise be eligible for.

DO NOT CHECK BOTH

- CONSENT** – I consent to include in my gross income as provided in the Federal Income tax laws, the stated dollar amount of each written notice of allocation which I received from CHS Inc. and its successors with respect to my patronage occurring during the current and all subsequent taxable years unless the written allocation is attributable to personal, living, or family items or is properly taken into account as an adjustment to basis of property. This individual consent shall be revocable by me in writing at any time.
I also acknowledge receipt of the CHS Inc. Consent Bylaw and Statement of Significance on the reverse side of this form.

OR

- WAIVER** – I waive any patronage dividends that I may be eligible for arising out of my business with CHS Inc. and its successors during its current and subsequent fiscal years. This disclaimer of patronage dividends shall be valid until revoked by me in writing in accordance with the Federal Income Tax Laws.

Date

X
Signature

Title of Officer if Patron is an Entity

CONSENT BYLAW OF CHS INC.

ARTICLE VIII.

Consent

Section 1 - Consent. Each individual or entity that hereafter applies for and is accepted to membership in this cooperative and each member of this cooperative as of the effective date of this bylaw who continues as a member after such date shall, by such act alone, consent that the amount of any distributions with respect to its patronage which are made in written notices of allocation (as defined in 26 U.S.C. §1388), and which are received by the member from this cooperative, will be taken into account by the member at their stated dollar amounts in the manner provided in 26 U.S.C. §1385(a) in the taxable year in which such written notices of allocation are received by the member.

Section 2 - Consent Notification to Members and Prospective Members. Written notification of the adoption of this Bylaw, a statement of its significance and a copy of the provision shall be given separately to each member and prospective member before becoming a member of this cooperative.

Section 3 - Consent of Nonmember Patrons. If this cooperative obligates itself to do business with a nonmember on a patronage basis, such nonmember must either: (a) agree in writing, prior to any transaction to be conducted on a patronage basis, that the amount of any distributions with respect to patronage which are made in written notices of allocation (as defined in 26 U.S.C. §1388), and which are received by the nonmember patron from this cooperative, will be taken into account by the nonmember patron at their stated dollar amounts in the manner provided in 26 U.S.C. §1385(a) in the taxable year in which such written notices of allocation are received by the nonmember patron and further, that any revocation of such agreement will terminate this cooperative's obligation to distribute patronage with respect to transactions with such nonmember that occur after the close of this cooperative's fiscal year in which the revocation is received; or (b) consent to take the stated dollar amount of any written notice of allocation into account in the manner provided in 26 U.S.C. §1385 by endorsing and cashing a qualified check as defined in and within the time provided in 26 U.S.C. §1388(c)(2)(C); provided that failure to so consent shall cause the written notice of allocation that accompanies said check to be canceled with no further action on the part of this cooperative.

STATEMENT OF SIGNIFICANCE

The significance of this Bylaw is that if you become a member after adoption of the Bylaw (and after receipt of this notice), or if you were already a member and remain a member after receipt of notice, any patronage distribution made to you in written notices of allocation (with respect to your patronage of this cooperative for a tax year of this cooperative beginning on or after June 1, 1963 and accompanied by a distribution of 20 percent or more in cash) will be included in your income. (However, the patronage distribution does not have to be included in your income if it represents a patronage distribution on the purchase of personal, living or family items: capital assets or property used in a trade of business subject to depreciation. The patronage distribution relating to capital assets or property used in a trade or business, however, must be used to reduce the cost basis of said assets or property.)

The amount included in your income will be the full amount of the patronage refund distribution (with the exception above stated), not just the portion of it paid in cash.

ENTITY ELIGIBILITY REQUIREMENTS

If an Entity does not meet the definition of a Qualifying Association, the Entity may still qualify for patronage. The requirements to qualify for patronage in such case are: (i) a minimum of **20%** ownership of the Entity must be held by Qualifying Associations or Agricultural Producers, (ii) a minimum of **75%** of the business of the Entity must be done with or for Qualifying Associations or Agricultural Producers and must relate to the production, processing, or transportation of agricultural product, as may be further defined and regulated by rules and decisions of the Capital Committee of the Board of Directors. (iii) additional forms will be sent to the Entity by CHS and will be required to be completed and returned by the Entity, along with a copy of the governing documents of agreements of the Entity, and (iv) the application for patronage must be approved by the Capital Committee of the Board of Directors, which approval is in the sole discretion of the Committee.

NOTE: PATRONAGE PAID TO ELIGIBLE ENTITIES WILL BE NON-VOTING. ENTITIES OWNED 100% BY CHS MEMBERS MAY HAVE THE OPTION OF ASSIGNING PATRONAGE TO THE OWNERS IN WHICH CASE THE PATRONAGE WILL BE VOTING.

Return form to: CHS Inc., Patron Equities Dept. MS 682, P.O. Box 64089, St. Paul, MN 55164. For questions call: 1-800-328-6539 ext. 6124.