

2. Applicant must notify the Creditor within 30 days of any change in ownership or corporate formation of business.
3. Ray-Carroll County Grain Growers, Inc. and Ray-Carroll Fuels, LLC reserves the right at any time, to withdraw credit approval from Applicant or to terminate or limit Applicant's account.
4. All products purchased from Ray-Carroll County Grain Growers, Inc or Ray-Carroll Fuels, LLC will be subject to any applicable finance charges and payment terms as defined in the Charge Account Agreement.
5. All legal fees associated with the collection of past dues will be added to the Applicant's account.
6. I hereby certify that the information contained herein is complete and accurate.
7. I agree that if this application is approved, I will pay for all purchases on my account.

Date

Signature

Title

Date

Signature

Title

Date

Signature

Title

RAY-CARROLL COUNTY GRAIN GROWERS, INC.
RAY-CARROLL FUELS, LLC

CHARGE ACCOUNT AGREEMENT

Name of Credit Customer _____ Date _____

Address _____ State ____ Zip _____

SS No. or Tax I.D. _____ Phone No. _____

Name of Credit Customer _____ Date _____

Address _____ State ____ Zip _____

SS No. or Tax I.D. _____ Phone No. _____

THIS AGREEMENT is made on the below stated date by Customer and Ray-Carroll County Grain Growers, Inc/Ray-Carroll Fuels, LLC (Ray-Carroll).

The Ray-Carroll agrees upon approval that it shall allow Customer to purchase goods and services on credit and Customer agrees to pay for all goods and services purchased in accordance with this Agreement.

DUE DATE: All purchases made on credit during the month that are reflected on the periodic billing statement are due and payable on the 20th day of the following billing statement.

CONVENIENCE CREDIT: If all purchases are paid in full by the 20th day after invoice date, the account shall not be subject to any FINANCE CHARGE.

FINANCE CHARGE: Any balance not paid by the last day of the month following the purchase shall be subject to CHARGE of 1.5% per month (18% annual percentage rate) calculated on the unpaid balance due on the account on the last day of the billing cycle carried over from prior purchases. The minimum amount of such charge shall be seventy cents (.70).

TERMINATION: Ray-Carroll reserves the right to terminate credit sales to a Patron at any time. Customer expressly agrees that additional credit purchases may be denied if Customer's account is over 10 days past due. No prior notification of such termination or denial shall be required.

CHANGE IN TERMS: This Agreement may be changed by Ray-Carroll to increase the FINANCE CHARGE, change the due date, change the billing cycle, change the method of calculating the FINANCE CHARGE, or change matters of a similar nature of applicable law. Notice of any such change shall be given to Customer at least one billing cycles prior to the effective date of the change.

SECURITY FOR ACCOUNT: All purchases made pursuant to the Agreement shall be secured by, and Customer hereby grants to Ray-Carroll, a security interest and lien in any investment Customer may have in the Ray-Carroll association, including goods purchased, rented or leased, certificates of indebtedness, notes, stock or stock credit. Customer shall not have the right to demand offset of such investment on Customer's account, which offset may be made only at the discretion of the Cooperative.

AGENCY: Until notified in writing to the contrary, Customer authorizes Customer's spouse, children over the age of fifteen years and employees to purchase goods or services and charge them to the Customer's account.

PATRONAGE: All commercial business will not be eligible for patronage.

COLLECTION FEES: If Customer fails to pay a given account balance within thirty (30) days after due date for such balance, in addition to the unpaid balance and FINANCE CHARGES Customer agrees that the account maybe referred to an attorney for collection at any time, agrees to pay a reasonable attorney's fee and all collection expenses, and agrees that the minimum attorney fee shall be the greater of \$100.00 or (25%) of the balance due. Customer agrees that all lawsuits brought under this Agreement shall be filed in Ray County Missouri.

****ALL SIGNATURES REQUIRED****

SIGNATURE OF CUSTOMER

SIGNATURE OF CUSTOMER

DATE: _____

This agreement is subject to applicable state and federal law including equal credit opportunity act.

<p>FOR INTERNAL USE</p> <p>APPROVED:</p> <p>BY: _____</p> <p>Title: _____</p> <p>Date Approved: _____</p>

RAY-CARROLL COUNTY GRAIN GROWERS, INC

Personal Guaranty for Customer Obligations

Ray-Carroll:

Ray-Carroll County Grain Growers, Inc.
P.O. Box 410
Richmond, Missouri 64085

Customer:

Name: _____
Address: _____

THIS PERSONAL GUARANTY is entered into by the undersigned, an individual ("Guarantor"), to and for the benefit of Ray-Carroll County Grain Growers, Inc. ("Ray-Carroll"), with respect to any and all contractual, financial or other obligations incurred by Customer (as identified above) to or for the benefit of Ray-Carroll or its affiliates for goods or services supplied or provided by Ray-Carroll or in connection with any undertaking by Ray-Carroll to buy grain from Customer for current or future delivery, which obligations are incurred by Customer on or after the date of this Guaranty indicated below (collectively "Customer Obligations"). As an inducement to Ray-Carroll to accept or enter into Customer Obligations with Customer, and for other good and valuable consideration given by Ray-Carroll to Guarantor, the receipt and sufficiency of which is hereby acknowledged by Guarantor, Guarantor absolutely and unconditionally guarantees to Ray-Carroll the full and timely payment and performance by Customer of any and all Customer Obligations. Guarantor waives notice of acceptance of this Guaranty and presentment, demand, protest, notice of protest, notice of default or nonpayment and diligence in enforcing the Customer Obligations. Guarantor further waives any right to require that any action be brought first against Customer or that Guarantor be joined in any such action, or that Ray-Carroll proceed first against any security now or hereafter held by Ray-Carroll for the payment or performance of any Customer Obligations or against any other obligor or guarantor with respect thereto. Ray-Carroll may, without notice to Guarantor, amend, modify, extend or renew any Customer Obligations or compromise or forebear from enforcing payment or performance of all or any part of any Customer Obligations without affecting Guarantor's guaranty hereunder. Guarantor acknowledges that, but for this Guaranty, Ray-Carroll would not be willing to accept or enter into Customer Obligations with Customer, that Guarantor will receive a substantial personal benefit as a result of the Customer Obligations, and that this Guaranty is being given as an inducement to Ray-Carroll to accept or enter into Customer Obligations with Customer; however, this Guaranty does not create any obligation of Ray-Carroll or Customer to accept or enter into any Customer Obligations. This Guaranty is continuing and will remain in effect until Guarantor gives written notice to Ray-Carroll (to the attention of Ray-Carroll's general manager at Ray-Carroll's address indicated in the most recent contract document provided to Customer) that this Guaranty is being terminated, which termination will become effective ten business days after Ray-Carroll receives such notice; however, such termination will not affect Guarantor's obligations (which will remain in effect) with respect to any Customer Obligations accepted or entered into prior to the effective date of such termination. This Guaranty shall be governed by and construed in accordance with the laws of the State of Missouri, without regard to its principles of conflicts of laws.

IN WITNESS WHEREOF, Guarantor has duly executed and delivered this Guaranty, effective as of the date indicated below.

Guarantor's Signature:

Signature _____
Social Security # _____
Signature _____
Social Security # _____

Date: _____

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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.

Social security number									
-				-					

or

Employer identification number									
-									

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

Sign Here

Signature of U.S. person ▶

Date ▶

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.

Purpose of Form

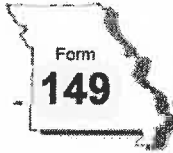
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



**Missouri Department of Revenue
Sales and Use Tax Exemption Certificate**

Caution to seller: In order for the certificate to be accepted in good faith by the seller, the seller must exercise care that the property being sold is exempt. When a purchaser is claiming an exemption for purchases of items that qualify for the full manufacturing exemption and other items that only qualify for the partial manufacturing exemption, the seller must make certain the correct amount of tax is charged for each item purchased.

Purchaser	Name		Telephone Number ()		Missouri Tax I.D. Number X X X X X X X X			
	Contact Person		Doing Business As Name (DBA)					
	Address		City		State		ZIP Code	
	Describe product or services purchased exempt from tax							
	Type of business							
Seller	Name Ray-Carroll County Grain Growers		Telephone Number (8 1 6) 7 7 6 - 2 2 9 1		Contact Person			
	Doing Business As Name (DBA)		Address 807 West Main					
	City Richmond		State MO		ZIP Code 64085			
Resale - Exclusion From Sales or Use Tax	<input type="checkbox"/> Purchases of Tangible Personal Property for resale. <i>Retailer's State Tax ID Number</i> _____ <i>Home State</i> _____ (Missouri Retailers must have a Missouri Tax I.D. Number)							
	<input type="checkbox"/> Purchases of Taxable Services for resale (see list of taxable services in instructions) <i>Retailer's Missouri Tax I.D. Number</i> _____ (Resale certificate cannot be taken by seller in good faith unless the purchaser is registered in Missouri)							
	<input type="checkbox"/> Purchases by Manufacturer or Wholesaler for Wholesale: <i>Home State:</i> _____ (Missouri Tax I.D. Number may not be required)							
	<input type="checkbox"/> Purchases by Motor Vehicle Dealer: <i>Missouri Dealer License Number</i> _____ (Only for parts that will be used on vehicles being resold) (An Exemption Certificate for Tire and Lead-Acid Battery Fee (Form 149T) is required for tire and battery fees)							
Manufacturing Full Exemptions	These apply to state and local sales and use tax.							
	<input type="checkbox"/> Ingredient or Component Part		<input type="checkbox"/> Manufacturing Machinery, Equipment, and Parts		<input type="checkbox"/> Material Recovery Processing		<input type="checkbox"/> Plant Expansion <input type="checkbox"/> Research and Development of Agricultural Biotechnology Products and Plant Genomics Products and Prescription Pharmaceuticals	
Manufacturing Partial Exemptions	These only apply to state tax (4.225%) and local use tax, but not sales tax. The seller must collect and report local sales taxes imposed by political subdivisions.							
	<input type="checkbox"/> Research and Development		<input type="checkbox"/> Manufacturing Chemicals and Materials					
	<input type="checkbox"/> Machinery and Equipment Used or Consumed in Manufacturing		<input type="checkbox"/> Materials, Chemicals, Machinery, and Equipment Used or Consumed in Material Recovery Processing Plant					
Other	<input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Common Carrier <input type="checkbox"/> Locomotive Fuel <input type="checkbox"/> Air and Water Pollution Control, Machinery, Equipment, Appliances and Devices (Attach Form 5095)							
	<input type="checkbox"/> Commercial Motor Vehicles or Trailers Greater than 54,000 Pounds (Attach Form 5435)				<input type="checkbox"/> Other _____			
Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.							
	Signature (Purchaser or Purchaser's Agent)				Title		Date (MM/DD/YYYY)	

If you have questions, please contact the Department of Revenue at:

Phone: (573) 751-2836

TTY: (800) 735-2966

Fax: (573) 522-1271

Visit <http://www.dor.mo.gov/business/sales/sales-use-exemptions.php> for additional information.

E-mail: salestaxexemptions@dor.mo.gov

Form 149 (Revised 08-2015)

