



CUSTOMER ACCOUNT APPLICATION

908 Lamont St S | Aberdeen, South Dakota 57401
1 - 888 - 429 - 4902 | www.agtegra.com

For Office Use Only
Location: _____
Date: _____

SECTION 1: PRIMARY APPLICANT (as recorded with IRS)

Type of Account:	<input type="checkbox"/> Individual / Sole Proprietor	<input type="checkbox"/> Joint Account as Tenants in Common (each applicant listed owns an undivided interest in proportion to the number of applicants)	<input type="checkbox"/> Joint Account as Joint Tenancy with Rights of Survivorship (applicants wish to form ownership whereby the death of an applicant would result in the survivor(s) automatically becoming the sole owner(s)) If co-applicants select this option they will not be eligible for the Age 70 or Age 80 Patronage Retirement Programs or Decedent Program (except in the event that the account reverts back to an individual/sole proprietor)		
	Last Name		First Name	Middle Initial	Date of Birth
Mailing Address			City	State	Zip Code
Primary Phone		Cell Phone	E-mail Address		

SECTION 2: CO-APPLICANT (if applicable and as recorded with IRS)

Last Name		First Name	Middle Initial	Social Security Number	Date of Birth
Mailing Address			City	State	Zip Code
Primary Phone		Cell Phone	E-mail Address	Relationship to Applicant	

If there are additional co-applicants, please complete another Customer Account Application by completing Sections 2 and 7 with the co-applicant also signing that application.

SECTION 3: ENTITY APPLICANT (as recorded with IRS)

Type of Account:	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> LLC (C Corp.)	<input type="checkbox"/> LLC (S. Corp.)	<input type="checkbox"/> Single-member LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Government	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate
Legal Name					Doing Business As or DBA (if applicable)					
Mailing Address				City	State	Zip Code				
Physical Address (if different from mailing address)				City	State	Zip Code				
Business Phone			Other Phone	E-mail Address						
Federal Tax ID Number			Tax Exempt Number	Date of Incorporation			State of Incorporation			

SECTION 4: PRINCIPAL AND/OR OFFICER INFORMATION (only required for ENTITY applicants)

Last Name	First Name	Middle Initial	Last Name	First Name	Middle Initial
Title	Primary Phone		Title	Primary Phone	
Mailing Address	E-Mail Address		Mailing Address	E-Mail Address	
City	State	Zip	City	State	Zip

If there are additional principals and officers please complete another Customer Account Application by completing Sections 4 and 7 with the principals and officers also signing that application.

SECTION 5: W-9 SUBSTITUTION

Under penalties of perjury, I, the undersigned, hereby 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 and 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 in the IRS Form W-9 instructions); 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. Item 4 does not apply.

SECTION 6: ARTICLES OF INCORPORATION AND BYLAWS AND PATRONAGE CONSENT

I, the undersigned, hereby acknowledge and agree to be bound by the Articles of Incorporation and Bylaws of Agtegra (herein the "Cooperative") as they now exist or hereafter be amended, including the provision that the Cooperative shall have a lien and security interest in and to all membership interests and benefits from participation in the Cooperative under Article IX of the Articles of Incorporation of the Cooperative. The Articles of Incorporation and Bylaws of the Cooperative can be found at www.agtegra.com. Furthermore, the undersigned does hereby consent to include in his/her/its gross income for federal income tax purposes the total year's patronage allocation from the Cooperative, in accordance with 26 U.S.C. 1385 & 1388.

SECTION 7: AG PRODUCER STATUS

I, the undersigned, do hereby swear and certify that the above listed applicant(s) is (are):	Article I, Section 1 of the Bylaws of the Cooperative provide that "Membership in the Cooperative shall only be issued to or held by a bona-fide producer... "Producer" shall mean and include any person, association or legal entity actually engaged in the production of any one or more agricultural products, including tenants of land used for the production of any such product, and lessors of such land that receive as rent therefor any part of any such product of such land."
<input type="checkbox"/> YES – an agricultural producer, as defined by the Bylaws of the Cooperative.	
<input type="checkbox"/> NO – not an agricultural producer as defined by the Bylaws of the Cooperative.	
<input type="checkbox"/> NA – unsure if he/she/it is an agricultural producer as defined by the Bylaws of the Cooperative.	

SECTION 8: ACKNOWLEDGMENT AND CONSENT

THE COOPERATIVE RESERVES THE RIGHT, AT ITS SOLE DISCRETION, TO DENY ANY ACCOUNT APPLICATION OR TO TERMINATE AN ACCOUNT WITH THE COOPERATIVE WITH OR WITHOUT NOTICE. I, THE UNDERSIGNED, REPRESENT THAT I HAVE READ THIS APPLICATION AND AGREE TO ABIDE BY AND BE BOUND BY ITS TERMS AND CONDITIONS AND THAT I HAVE THE RIGHT, POWER AND AUTHORITY TO SIGN THIS ACCOUNT APPLICATION ON BEHALF OF THE ABOVE APPLICANT(S). THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THEN CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

SIGNATURE(S) (for Sections 1 and 2 above)

ENTITY SIGNATURE(S) (for Sections 3 and 4 above)

Applicant's Signature	Date	Authorized Signature	Title
Printed Name		Printed Name	Date
Applicant's Signature	Date	Authorized Signature	Title
Printed Name		Printed Name	Date

THIS IS NOT AN APPLICATION FOR CREDIT