



Send Completed Credit Application to:

PO Box 338  
Lamberton, MN 56152  
Or Fax: (507) 752-7106  
Phone: (507) 752-7352

### MEADOWLAND FARMERS COOP

[www.meadowlandfarmerscoop.com](http://www.meadowlandfarmerscoop.com)

**Office Use Only**

Credit Limit \$ \_\_\_\_\_  
Account No. \_\_\_\_\_  
Date Approved \_\_\_\_\_  
By Whom \_\_\_\_\_

## CREDIT/MEMBERSHIP APPLICATION and AGREEMENT

Check appropriate box for services being applied for: Agronomy  Feed   
Home Heat: Fuel Oil  LP  Own Tank? \_\_\_\_\_ Interested in the Home Heating Budget Program? \_\_\_\_\_  
Petroleum: Diesel  Gasoline  Oil  Cardrol  # of Cardrol Cards \_\_\_\_\_  
Grain: Contracting  Drying  Other

### TYPE OF ORGANIZATION

Sole Proprietor  General Partnership  Corporation  LLC  Non-Profit  Other \_\_\_\_\_  
Date Business Originated \_\_\_\_/\_\_\_\_/\_\_\_\_ Federal TIN/SS# \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Business Name \_\_\_\_\_

Address: \_\_\_\_\_  
Last First Middle Initial Years at Address Rent   
Own

Mailing Address City County State Zip  
Previous Address \_\_\_\_\_ Yrs at Previous Address \_\_\_\_\_  
(If less than one year) Street Address City County State Zip

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Present Employer \_\_\_\_\_ # of Yrs \_\_\_\_\_ Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

### Owners and Spouse/Co-Applicant, Officers, Guarantors, Members or Partners (PLEASE LIST)

Name	Title	Social Security Number	Date of Birth

Primary Contact Person \_\_\_\_\_ Contact Number (\_\_\_\_) \_\_\_\_\_

### Trade/Credit References

	Name	Contact Person	Phone Number	Fax Number
Primary				
Other				
Primary				

Everything stated in this application is true and correct. I understand that Meadowland Farmers Coop will retain this application whether or not it is approved. Meadowland Farmers Coop is authorized to check my credit and employment history and to answer questions about Meadowland Farmers Coop's credit experience with me, including obtaining a credit report on the individual applicant(s) and reporting performance of the applicant(s) under this Agreement to credit reporting agencies.

If Meadowland Farmers Coop extends credit to the applicant, I/We/It will pay the price (including taxes) of goods and services charged to this account, together with applicable FINANCE CHARGES, and abide by all obligations imposed by this Agreement and all terms of Meadowland Farmers Coop's credit agreement and policy.

I certify that I am duly authorized to sign this Agreement and to thereby bind the person(s) on whose behalf I am signing. A facsimile or scan of this Agreement containing signatures, or Meadowland Farmers Coop receipt of an email acknowledgement assenting to this Agreement, shall be deemed original signatures for all purposes related to this Agreement.

Applicant's Signature

Date

Co-Applicant's Signature

Date

**SUMMARY OF FINANCIAL ASSETS** (Use separate sheet if necessary)

<b>INCOME</b>	<b>ASSETS</b>	<b>LIABILITIES</b>
GROSS FARM INCOME: \$ _____	CURRENT ASSETS: \$ _____	CURRENT LIABILITIES: \$ _____
NON-FARM INCOME: \$ _____	INTERMEDIATE ASSETS: \$ _____	INTERMEDIATE LIABILITIES: \$ _____
SOURCE OF NON-FARM INCOME: _____	LONG TERM ASSETS: \$ _____	LONG TERM LIABILITIES: \$ _____
	<b>TOTAL ASSETS: \$ _____</b>	<b>TOTAL LIABILITIES: \$ _____</b>
<b>CASH: \$ _____</b>		

<b>AUTOMOBILES: MAKE, MODEL, YEAR</b>	<b>VALUE</b>	<b>SUBJECT TO DEBT? YES/NO</b>
1. _____	\$ _____	BANK/OWNERS: _____
2. _____	\$ _____	BANK/OWNERS: _____
3. _____	\$ _____	BANK/OWNERS: _____

**OUTSTANDING DEBTS** (Include charge accounts, credit cards, rent, mortgages, etc. (Use separate sheet if necessary))

CREDITOR	TYPE OF DEBT	NAME IN WHICH ACCOUNT IS CARRIED	BALANCE	MONTHLY PAYMENTS
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**PERSONAL GUARANTEE** (if transacting business other than a sole proprietor)  
 I, (name(s)) \_\_\_\_\_ residing at (address) \_\_\_\_\_  
 \_\_\_\_\_ for and in consideration of your extending credit to  
 \_\_\_\_\_

(hereinafter referred to as the "Company"), of which I am (title(s)) \_\_\_\_\_ hereby personally guarantee to Meadowland Farmers Coop (hereinafter referred to as "MFC") the payment, in the State of Minnesota, of any obligation of the Company, and I hereby agree to bind myself to pay MFC on demand any sum which may become due to MFC by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee of payment, not performance, and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice hereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

**PERSONAL OBLIGATION**

IF THIS APPLICATION IS FOR CREDIT TO A CORPORATION OR OTHER ORGANIZATION, I GUARANTEE AND AGREE, AS PROVIDED BY LAW, TO BE PERSONALLY RESPONSIBLE FOR PAYMENT OF ALL OBLIGATIONS INCURRED AND UNPAID BY SUCH ORGANIZATION. THIS IS A GUARANTEE OF PAYMENT AND NOT MERELY PERFORMANCE. I WAIVE NOTICE, PRESENTMENT AND/OR DEMAND FOR PAYMENT. THIS IS AN UNQUALIFIED GUARANTEE.

**Explanation of Personal Obligation**

- (a) You have agreed to pay amounts owing or to become owing in the future as a result of charges made by (name of Company) on his or her charge account with Meadowland Farmers Coop.
- (b) You will be liable and fully responsible for payment of the above credit obligation even though you may not be entitled to any of the goods, services or loan furnished thereunder. If you wish to terminate your guarantee with respect to future transactions, you must notify Meadowland Farmers Coop in writing.
- (c) You may be sued in court for the payment of the amount due under this consumer credit transaction even though the Company named above may be working or have funds to pay the amount due.
- (d) This explanation is not the agreement under which you are obligated, and the guarantee or agreement you have executed must be consulted for the exact terms of your obligations.
- (e) You are entitled now, or at any time, to one free copy of any document you sign evidencing this transaction.
- (f) The undersigned also acknowledges receipt of an exact copy of this notice.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



## MEADOWLAND FARMERS COOP

### CREDIT POLICY

#### CREDIT AGREEMENT:

You agree that the following terms along with the Regulation Z Disclosure (page 3) will govern any purchases made which are charged to any account that you may have with Meadowland Farmers Coop.

1. In the agreement “you” and “your” is the applicant(s), and “we” or “our” is Meadowland Farmers Coop.
2. Open credit is available to patrons with approved credit on a convenience basis only. The billing date for credit purchases is the last day of the month in which the purchase was made. You will pay the entire balance showing on your account statement or invoice by the Payment Due Date. The due date of the account is the end of the month following the month of purchase. You understand that if any portion of your balance remains unpaid beyond that date, your credit privileges may be suspended or revoked.
3. You agree that an interest or finance charge of 1.5%, which is an annual percentage rate of 18% per year will be applied to that part of any balance that resulted from purchases made during a calendar month, but not paid before the end of the following month, plus any previous balance, that remained unpaid. The minimum charge is \$.50 per month.
4. Products and services eligible for discounts must be paid for at the time of delivery or by the 15<sup>th</sup> of the month following the month of purchase.
5. Patrons with balances older than 30 days after the closing date, may be ineligible for further credit privileges at all Meadowland Farmers Coop locations. You may, upon management approval, re-establish credit privileges by paying your account to a current basis. Legal action may be taken to collect any PAST DUE accounts. If collection action is needed, you shall be liable for the payment of all collection costs, court costs and attorney’s fees to pursue payment of your debt that is owed to Meadowland Farmers Coop.

6. The terms and conditions of this document may be amended in writing by the agreement of all parties. Such amendments shall not affect your charges or other debt incurred prior to the amendment.
7. If applying for a Joint Account, both of us agree to be bound by the terms of this agreement and each of us agree to be jointly and severally liable for payment of all purchases or charges made under this agreement.
8. You have the right to limit or terminate your charge account, but termination will not affect your obligation to pay any existing balance. We may, at our option, declare the entire balance due and payable at any time.
9. Part of Meadowland Farmers Coop earnings are distributed to qualifying patrons in the form of equities, which are eventually revolved according to policies established by Meadowland Farmers Coop's Board of Directors. Meadowland Farmers Coop's Bylaws gives our Meadowland Farmers Coop a first lien on any equities you earn from patronizing Meadowland Farmers Coop. After exhausting other options of collection, Meadowland will routinely offset those equities (based on current value) against accounts that it considers uncollectible.
10. Cardtrol Cards may only be used at Meadowland Farmers Coop's Convenience Stores/pump locations. Patron shall be provided a card with instructions upon approval of Patron's application. Cardtrol cards may be locked out on past due accounts or when credit limits are exceeded. You agree to notify Meadowland Farmers Coop immediately if any cardtrol card issued on your account is lost or stolen, or otherwise used in a manner not authorized by you. Patrons will be liable for the unauthorized use of Patron's cardtrol. Meadowland will make every effort within our limits to assist you in recouping your losses from unauthorized charges.  
Meadowland Farmers Coop 800-527-5824 or 507-752-7352.

If Meadowland Farmers Coop approves my application, I agree that my signature constitutes my acceptance of this Credit Agreement.

\_\_\_\_\_  
Applicant's Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature (if applicable)      Date

# REGULATION Z DISCLOSURES

Required by Federal Law. This disclosure is included as terms of the Credit Agreement

When does the finance charge accrual start?	A Coop patron has 30 days from the closing date (or according to invoice terms) to pay the new balance before finance charges will accrue on the account.
What is the annual percentage rate (APR) for account balances not paid with in 30 days?	Meadowland Farmers Coop charges a periodic rate of 1.5% per month on all account balances still owing on the 1st day of the second month following the month in which credit was extended. The annual percentage rate is 18%.
Are there other charges in addition to the finance charge?	Yes. A \$30 charge is assessed for checks that are returned for non sufficient funds. Meadowland is also entitled to recover its attorney's fees and other costs associated with collecting amounts owed to Meadowland Farmers Coop.
Does the Coop have a first lien on your equity in the Coop and the right to offset against it?	Yes. Part of Meadowland Farmers Coop's earnings are distributed to qualifying patrons in the form of equities, which are eventually revolved according to policies established by the Board of Directors. Meadowland Farmers Coop's Bylaws give the Coop a first lien on any equities you earn from patronizing Meadowland Farmers Coop. The Coop routinely offsets those equities against accounts that it considers uncollectable.
Is there a point where your payment terms will be cash on delivery (COD) if your account is not paid?	Yes. Accounts must be paid in full within 30 days after the closing date, if the account is not paid, you may be required to pay cash for purchases thereafter. In addition, the Coop reserves the right to place any account holder on immediate COD anytime the Coop has reasonable belief that repayment will not be made in accordance with the credit policy, or if the Coop does not want to extend credit for any reason that is not otherwise unlawful. However, special credit arrangements can be made with the credit manager's approval.
Is there a minimum amount due?	Yes. Meadowland Farmers Coop is not in the business of providing financing to its customers. The Coop provides convenience credit, and the credit policy requires payment of the account in full by the end of the month following the closing date. Meadowland Farmers Coop may, but is not obligated to, continue extending credit to those who do not pay their account in accordance with the Coop's credit policy. Send payments to Meadowland Farmers Coop PO BOX 338 Lamberton, MN 56152.
LP Gas Tank Lease Cross Default	Any default in payment of the credit extended by the Coop will trigger an immediate cross-default in your LP Gas tank lease, if any, in existence at the time of the default.

\*\*\*\* PLEASE KEEP THIS PAGE FOR YOUR RECORDS

\*\*\*\*

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	<b>Date of Birth</b> / /	
	<b>2</b> Business name/disregarded entity name, if different from above	<b>Phone #</b> ( )	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> 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 <b>not</b> 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) ▶ _____	<b>4</b> 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>	
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)	
	<b>6</b> City, state, and ZIP code	<b>MEADOWLAND FARMERS COOP PO BOX 338 101 1ST AVE EAST LAMBERTON, MN 56152</b>	
	<b>7</b> List account number(s) here (optional)		
	<b>Part I Taxpayer Identification Number (TIN)</b>		

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.

**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.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>or</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

### 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## 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](http://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.*

**NOTICE TO PROSPECTIVE MEMBERS OF MEADOWLAND FARMERS COOP**

You are receiving this notice as a prospective member of Meadowland Farmers Coop. Please take notice that Meadowland Farmers Coop has adopted a "Consent Bylaw" as Article VI of its Bylaws. A copy of the Consent Bylaw that has been adopted by Meadowland Farmers Coop is set out below:

**ARTICLE VI.**

**CONSENT BYLAW**

Section 1. Consent to the Taking of Patronage Distributions into Income. Each person who hereafter applies for and is accepted for membership in this Association and each member of this Association on the effective date of this Bylaw, who continues as a member after such date shall, by this act alone, consent 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 member from this Association, 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 the written notices of allocation were received.

**STATEMENT OF THE TAX SIGNIFICANCE OF THE CONSENT BYLAW**

The adoption of the Consent Bylaw by Meadowland Farmers Coop means that by becoming a member of Meadowland Farmers Coop, you will be consenting to take into income on your federal income tax return the full amount of the distributions made to you by Meadowland Farmers Coop with the basis of your patronage with Meadowland Farmers Coop, in a manner consistent with 26 U.S.C. §1385. This means that you will be consenting to take both the cash and the noncash portions of your patronage distributions for Meadowland Farmers Coop into income in a manner consistent with 26 U.S.C. §1385. (The noncash portions of your patronage distributions may also be referred to as written notices of allocation). You will be consenting to take these cash and noncash patronage distributions into income in the tax year in which you receive them from Meadowland Farmers Coop.

**Please sign, date, and return this along with your signed W-9 Form.**

Signature\_\_\_\_\_

Date\_\_\_\_\_

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**\*\*\*To be a voting member of Meadowland Farmers Coop, you must be an at-risk producer\*\*\***

**An at-risk producer is defined as someone engaged in the production or marketing of Agricultural Products.**

**By initialing the document where indicated, you are confirming you are at at-risk producer. This does not affect your patronage allocations or equity redemption. It only confirms your eligibility to be a voting member of Meadowland Farmers Coop.**

\_\_\_\_\_ {Initial}

\_\_\_\_\_ {Date}



Meadowland Farmers Coop PO Box 338 Lamberton, MN 56152 Office: 507-752-7352

----- Serving the Community Since 1905 -----

Meadowland Farmers Coop is required by the State of Minnesota to have a Certificate of Exemption on file for sales tax for all customers claiming "Farm Use" for products purchased from us. "Farm Use" means ONLY production agriculture, not living in the country. This includes fertilizers, seed, chemical, petroleum products (example: gas, fuel, oil, LP) and feed. Minnesota Department of Revenue states LP gas not used for corn drying or "HOME" heat is subject to sales tax also. It's up to the customer to determine "Percentage Used" for shop heat that is subject to sales tax. Farmers are NOT EXEMPT from this law.

Failure to return the signed form will force us to add sales tax to all invoices. You will have to apply for your refund if you are late returning this form. Please fill out sections 1, 2 and 3, sign and date at the bottom and return within 30 days.

Thank you for your cooperation.

Mike Trosen - General Manager

Meadowland Farmers Coop



# Form ST3, Certificate of Exemption

**Purchaser:** Complete this certificate and give it to the seller.

**Seller:** If this certificate is not completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked. This certificate remains in force as long as the purchaser continues making purchases or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # \_\_\_\_\_

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make purchases for a specific job. Enter the exempt entity name and specific project:

Exempt entity name \_\_\_\_\_ Project description \_\_\_\_\_

Name of Purchaser \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Purchaser's Tax ID Number \_\_\_\_\_ State of Issue \_\_\_\_\_

If no tax ID number, Enter one of the following: FEIN \_\_\_\_\_ Driver's license number/State issued ID number \_\_\_\_\_ State of Issue \_\_\_\_\_ Number \_\_\_\_\_

Name of seller from whom you are purchasing, leasing, or renting  
**MEADOWLAND FARMERS COOP**

Seller's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_  
**PO BOX 338 101 1ST AVE EAST LAMBERTON MN 56152**

**Type of Business**

- |  |  |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services            | <input type="checkbox"/> 11 Transportation and warehousing     |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, hunting   | <input type="checkbox"/> 12 Utilities                          |
| <input type="checkbox"/> 03 Construction                               | <input type="checkbox"/> 13 Wholesale trade                    |
| <input type="checkbox"/> 04 Finance and insurance                      | <input type="checkbox"/> 14 Business services                  |
| <input type="checkbox"/> 05 Information, publishing and communications | <input type="checkbox"/> 15 Professional services              |
| <input type="checkbox"/> 06 Manufacturing                              | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 07 Mining                                     | <input type="checkbox"/> 17 Nonprofit organization             |
| <input type="checkbox"/> 08 Real estate                                | <input type="checkbox"/> 18 Government _____                   |
| <input type="checkbox"/> 09 Rental and leasing                         | <input type="checkbox"/> 19 Not a business (explain) _____     |
| <input type="checkbox"/> 10 Retail trade                               | <input type="checkbox"/> 20 Other (explain) _____              |

**Reason for Exemption (See Instructions)**

- |   |  |
|---|--|
| <input type="checkbox"/> A Federal government (department) _____  | <input type="checkbox"/> J Agricultural production   |
| <input type="checkbox"/> B Specific government exemption _____  | <input type="checkbox"/> K Industrial production/manufacturing   |
| <input type="checkbox"/> C Tribal government (name) _____   | <input type="checkbox"/> L Direct pay authorization  |
| <input type="checkbox"/> D Foreign diplomat # _____   | <input type="checkbox"/> M Multiple points of use (services, digital goods, or computer software delivered electronically) |
| <input type="checkbox"/> E Charitable organization # _____  | <input type="checkbox"/> N Direct mail _____   |
| <input type="checkbox"/> F Educational organization # _____   | <input type="checkbox"/> O Other (enter number from instructions) _____  |
| <input type="checkbox"/> G Religious organization # _____   | <input type="checkbox"/> P Percentage exemption  |
| <input type="checkbox"/> H Resale   | <input type="checkbox"/> Advertising (enter percentage) _____%   |
| <input type="checkbox"/> I Qualifying capital equipment (see instructions when equipment claimed is part of a construction project) | <input type="checkbox"/> Utilities (enter percentage) _____%   |
|   | <input type="checkbox"/> Electricity (enter percentage) _____%   |

*I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)*

Signature of Authorized Purchaser \_\_\_\_\_ Print Name Here \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_