



CREDIT REQUESTED \$ _____

APPLICANT INFORMATION

Name of Applicant (Exact Legal Name)		Tax Identification #:	Social Security #:
TYPE OF ENTITY : <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Trade Name (DBA) <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Trust <input type="checkbox"/> Other			
Mailing Address		City	State ZIP
Phone #	Cell #	Email Address	
Primary State of Farmland		Primary County of Farmland	

Corporate Officers, Partners, Members:

Name	Title	Phone	Social Security #	Date of Birth
Address	City	State	Zip	
Name	Title	Phone	Social Security #	Date of Birth
Address	City	State	Zip	

BUSINESS INFORMATION

Crops Grown: _____ Years Farming: _____ Previous Supplier of Fertilizer/Chemicals: _____

Balance Sheet	Total Assets	Total Liabilities	Total Net Worth
Statement Date: _____	\$ _____	\$ _____	\$ _____
	Gross Farm (Schedule F)	Non-Farm	
Income (Annual)	\$ _____	\$ _____	

OPERATING LINE

Do you have an operating line? Yes No, if yes complete below

Lender Name	Operating Line Amount	Current Principal Balance	Secured By
	\$ _____	\$ _____	
Address	Phone	Fax	Account Officer
Are any accounts past due?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had any judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you declared bankruptcy in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a party to lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CROP PLANNING INFORMATION (Crop Year: _____) Insurance Coverage: RP, YP, etc;

Crop	Acres	Average Yield	(Less) Landlord's Share %	Price Per Unit	Total Crop Value	Type	%
Total Crop Value							
Acres Owned:	Acres Leased:	Custom Acres:	Total Acres Farmed: _____				

Where Are Crops Marketed:

BANK AND TRADE REFERENCES

Deposit Bank Reference:

Address	City	State	ZIP
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Trade References:

Name	Address	Phone	Fax
Name	Address	Phone	Fax

For Office Use Only: Credit Approval: _____ Date: _____ Credit Limit: _____

Payment Terms: Applicant(s) (hereinafter referred to as "Applicant") agrees to pay The McGregor Company (TMC) the "Amount Due" shown on each invoice/monthly statement, together with finance charges, if applicable. Payments are due by the 10th of the month following billing. If not paid by the 10th of the month, the account will be considered past due. The applicant agrees to pay a FINANCE CHARGE (\$1.00 minimum) which will be computed by applying the **PERIODIC RATE of 1.50% per month (ANNUAL PERCENTAGE RATE IS 18%), or the highest amount allowed by law**, to the prior month end balance less payments. All payments will be applied first to Prior Unpaid FINANCE CHARGES and then to remaining outstanding balance.

Default: Applicant promises full and prompt payment of all indebtedness, present and future, incurred for products and services purchased from TMC. TMC may file Crop Liens as allowed by local/state laws. Applicant authorizes that a UCC financing statement may be filed. Applicant's failure to make timely payment of any invoice or failure to comply with the terms of this agreement shall result in Applicant's account being deemed in default, which may result in the account being placed on a Cash on Delivery (COD) basis, suspended, or cancelled. In the event of a default, TMC may (at its option) declare all indebtedness owed immediately due and payable. If Applicant's account is referred to an attorney or collection agency to collect on any indebtedness owed to TMC, Applicant agrees to pay all costs of collection, including reasonable attorney's fees and court costs.

Credit Information: I/we authorize TMC or any credit reporting agency to investigate data obtained from me/us pertaining to my/our creditworthiness. I/we authorize any entity/individual, past or present, having relevant information to release said information of pertinent documents, including but not limited to financial statements, operating budgets, financing statements and security agreements to TMC from time to time during the credit relationship. Applicant warrants they are not a "consumer" under State/Federal Law and that all requests for the extension of credit are for business or agricultural purposes only. Applicant agrees to notify TMC of any significant change to financial condition.

Governing Law: Applicant agrees that all disputes relating to this Agreement shall be construed under Laws of the State of Washington. The exclusive jurisdiction and venue for any legal action brought to enforce any and all disputes relating to this Agreement shall be Whitman County, State of Washington. The parties hereto waive the right to a jury trial on any disputed issues.

Copies and Electronic Signature: Applicant/Guarantor(s) agrees that TMC may accept, utilize and rely upon a facsimile copy, electronic copy or photocopy of this Agreement, in lieu of an original document. Applicant/Guarantors, agree to be bound by the terms and conditions herein.

Binding Effect: This Agreement will be binding upon and inure to the benefit of Applicant and TMC and their respective successors, heirs, and permitted assigns. The persons signing this Purchase Agreement certify that all information/attachments contained herein, are true and correct to the best of their knowledge. I certify that I/we are authorized to act on behalf of this business and represent that said business and/or individuals signing this document shall be bound by its terms. The above terms and agreement have been read, are understood and accepted.

Entity Signature (Corporation, LLC/LLP, Trust)

Entity Name: _____

By: (Printed Name/Title) _____

Signature: _____

Date: _____

Individual Applicant (Sole Proprietorship, Partnership)

Applicant (Printed Name) _____

Signature: _____ Date: _____

Applicant (Printed Name) _____

Signature: _____ Date: _____

Continuing Personal Guarantee

For value received and in order to induce The McGregor Company (TMC) to extend credit to Applicant(s), the undersigned Guarantor(s) jointly and severally, unconditionally, absolutely and irrevocably guarantees and promises to pay to TMC, when due or upon demand, any and all indebtedness and performs all obligations owed by Applicant(s) to TMC now existing or hereafter arising. Guarantor(s) waives all notices and demands of any kind and hereby agrees to any agreements between TMC and Applicant(s), including without limitation, a change in the amount of credit extended to Applicant(s), terms of sale, compromise, extension, increase or alteration of the amount, or terms of any indebtedness owed by the Applicant(s), and Guarantor(s) agrees the same shall in no way reduce, impair, discharge or release Guarantor(s) obligations. Guarantor(s) agrees that TMC may enforce this Guaranty and pursue payment from Guarantor(s), without having to first seek payment from, sue, or exhaust its remedies against Applicant(s) or any other Guarantor(s). The incorporation, merger, sale or reorganization of the Applicant(s) or TMC shall not terminate or affect Guarantor(s) obligations which will continue as to credit extended to or by such other entity. This Guaranty is continuing and absolute and shall continue in force until written notice of termination is received and receipt is acknowledged in writing by TMC, except that such termination shall not affect the liability of Guarantor(s) with respect to obligations created or incurred prior to such date, or extensions or renewals of, interest accruing on, of fees, costs, or expenses, including reasonable attorney's fees, incurred with respect to, such obligations on or after such date. Legal Venue will be Whitman County, State of Washington. Guarantor(s) warrants and represents that the information provided is true, complete and correct and Guarantor(s) understands that TMC is relying upon the information provided by Guarantor(s) to determine whether to extend credit to Applicant(s). Guarantor(s) authorizes TMC to obtain and evaluate Guarantor(s) credit and financial information at any time and from any source, in connection with the extension of business credit as contemplated in this Agreement.

Guarantor Printed Name: _____ Signature: _____ Date: _____

Guarantor Printed Name: _____ Signature: _____ Date: _____



Form ST-101 Sales Tax Resale or Exemption Certificate

Buyer's name			Seller's name		
Address			Address		
City	State	ZIP Code	City	State	ZIP Code

Seller: Each exemption a customer claims on this form might have special rules (see instructions). It's your responsibility to learn the rules. You must charge tax on goods that don't qualify for a claimed exemption.

Buyer: Complete the section that applies to you.

1. Buying for Resale. I'll sell, rent, or lease the goods I'm buying in the regular course of my business.

a. List the primary nature of your business_____. Describe the products you sell, rent, or lease_____.

b. Check the box that applies: Idaho registered retailer; seller's permit number _____
(required - see instructions)

Wholesaler only; no retail sales Retailer selling only through a marketplace facilitator Out-of-state retailer, no Idaho business presence

Idaho registered prepaid wireless service seller; E911 fee permit number _____
(required - see instructions)

2. Producer Exemptions (see instructions). I'm in the business of producing_____.
I'll put the goods that I'm buying to an exempt use in the business selected below.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Broadcasting | Production Exemption (check all that apply): | | |
| <input type="checkbox"/> Logging | <input type="checkbox"/> Fabricating | <input type="checkbox"/> Hunting or fishing operation | <input type="checkbox"/> Mining <input type="checkbox"/> Ranching |
| <input type="checkbox"/> Publishing free newspapers | <input checked="" type="checkbox"/> Farming | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Processing |

3. Exempt Buyers. All purchases are exempt and no permit number is required. Check the box that applies.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Advocates for Survivors of Domestic Violence and Sexual Assault, Inc. | <input type="checkbox"/> Blind Services Foundation, Inc. | <input type="checkbox"/> Emergency medical services (EMS) agencies (<i>nonprofit only</i>) | <input type="checkbox"/> Museums (<i>nonprofit only</i>) |
| <input type="checkbox"/> American Indian tribes | <input type="checkbox"/> Canal companies (<i>nonprofit only</i>) | <input type="checkbox"/> Forest protective associations | <input type="checkbox"/> Qualifying health organizations (see instructions for list) |
| <input type="checkbox"/> American Red Cross | <input type="checkbox"/> Centers for independent living | <input type="checkbox"/> Government (U.S./Idaho) | <input type="checkbox"/> Schools (<i>nonprofit only</i>) |
| <input type="checkbox"/> Amtrak | <input type="checkbox"/> Children's free dental service clinics (<i>nonprofit only</i>) | <input type="checkbox"/> Hospitals (<i>nonprofit only</i>) | <input type="checkbox"/> Senior citizen centers |
| | <input type="checkbox"/> Credit unions (state/federal) | <input type="checkbox"/> Idaho Foodbank Warehouse, Inc. | <input type="checkbox"/> Volunteer fire departments |

4. Contractor Exemptions (see instructions).

a. Invoice, purchase order, or job number that corresponds with this project _____

b. City and state where job is located _____

c. Project owner name _____

d. This exempt project is (check appropriate box):

- In a nontaxing state. (To qualify, materials must become part of the real property.)
- An agricultural irrigation project.
- For production equipment owned by a producer who qualifies for the production exemption.
- A certified data center project.

5. Other Exempt Goods and Buyers (see instructions).

- | | |
|--|--|
| <input type="checkbox"/> Aerial tramway component or snowmaking/grooming equipment | <input type="checkbox"/> Livestock sold at a public livestock market |
| <input type="checkbox"/> American Indian buyer holding Tribal ID No. _____
You can't use this form for vehicle or vessel purchases (see instructions) | <input type="checkbox"/> Medical items that qualify (see instructions) |
| <input type="checkbox"/> Certified data center | <input type="checkbox"/> Pollution control items |
| <input type="checkbox"/> Church buying goods for food bank or to sell meals to members | <input type="checkbox"/> Research and development goods |
| <input type="checkbox"/> Food bank or soup kitchen buying food or food service goods | <input type="checkbox"/> Other goods or entity exempt by law under the following statute
(required) _____ |
| <input type="checkbox"/> Heating fuels | |
| <input type="checkbox"/> Irrigation equipment and supplies used for agriculture | |

By signing this form, I certify that the statements I made on this form are true and correct. I know that submitting false information can result in criminal and civil penalties.

Buyer's signature	Buyer's name (please print)	Title
Buyer's federal EIN or driver's license number and state of issue		Date



Farmer's Certificate for Wholesale Purchases and Sales Tax Exemptions

"Eligible apiarists" (term defined on page 3) are farmers and may use this form to make tax free purchases of applicable items below. Marijuana growers and producers cannot use this certificate. Under RCW 82.04.213 marijuana is not an agricultural product therefore persons who grow, raise or produce marijuana are not farmers.

This certificate is for:

- Single use**
You need to show this certificate each time you buy an exempt item.
- Blanket certificate**
You can use this certificate anytime, as long as you and the seller/marketplace facilitator have

A Wholesale purchases (see page 3 explanations)

- Chemical sprays or washes for the post-harvest treatment of fruit.
- Feed, seed, seedlings, fertilizer, spray materials (pesticides), or agents for enhanced pollination.
- Tangible personal property for resale without intervening use.

B Retail sales tax exemptions (check applicable box) (see page 3 explanations)

1. Farm equipment purchased by nonresident farmer.
Place of residence: _____ Proof of residence: _____
Equipment for use in a farming activity (include brand, model, and address of use):

2. Livestock for breeding purposes/cattle and dairy cows used to produce an agriculture product.
Animal type: _____ Registered breed association: _____
Animal name or identification number: _____
3. Animal pharmaceuticals.
4. Chicken farming.
- a. Propane or natural gas used to heat structures used to house chickens.
- b. Bedding materials used to accumulate and facilitate the removal of chicken manure.
- c. Poultry used in the production or sale of poultry products.

To request this document in an alternate format, please complete the form dor.wa.gov/AccessibilityRequest or call 360-705-6705. Teletype (TTY) users please dial 711.

- 5. Diesel, biodiesel, or aircraft fuel used by a farmer or a horticultural service provider for farmers.
- 6. Farmer housing.
 Items purchased: _____
 Is the farmworker housing being built on agricultural land? Yes No
- 7. Livestock nutrient management equipment and facilities.
- 8. Replacement parts and repair services for qualifying farm machinery and equipment.
- 9. Anaerobic digesters and repair services.

Signature

I, the undersigned buyer, qualify to make the purchases indicated above without payment of retail sales or use tax. I understand that I must keep records to verify the exempt nature of the sale. I understand that misuse of this certificate will result in taxes due, applicable interest, and possible penalties.

Account ID (if applicable): _____

Type of entity: Individual/sole proprietor Corporation LLC/LLP Partnership
 Other (explain) _____

Name of buyer: _____

Farm name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Authorized signature: _____ Date: _____

Title: _____ Phone number: _____

A seller who accepts this completed certificate is relieved of the responsibility to collect retail sales or use tax unless the seller fraudulently fails to collect the tax or solicits the purchaser to participate in unlawfully claiming the exemption.

The Farmers' certificate for wholesale purchases and sales tax exemption does not expire as long as the buyer and the seller have a "recurring business relationship" which means at least one sale transaction within a period of twelve consecutive months (RCW 82.08.050 (7)(c)). If it has more than 12 months since the last sale transaction the seller must obtain a new (updated) form.

**Seller must retain the original of this certificate for their records.
 Do not send a copy of this certificate to the Department of Revenue.**