



Sunrise Cooperative, Inc.

2025 W. State Street

P.O. Box 870

Fremont, OH 43420-0870

Phone: 419-332-6468 • Toll-Free: 1-800-321-5468

Fax: 419-332-7741 • www.sunriseco-op.com

Dear Future Member:

Enclosed please find an Application for Membership, a Credit Application and a W-9 tax form. In the event that we pay patronage this year, you will be eligible only if you are a member.

- The application for membership validates your membership with board approval. Membership also allows you voting privileges. The cost of one share of Common Stock is \$100.00. You may include a check for \$100.00 or we can bill your account.
- The credit application establishes an account and/or insures we have correct information on record.
- The W-9 allows us to pay patronage without deducting federal income tax.

If you are interested in becoming a member, please complete the enclosed forms and be sure to sign all of them. We have included a return envelope for your convenience.

If you have any questions, please don't hesitate to call. Thank you.

Sincerely,

Sunrise Cooperative, Inc.

Earning Your Business One Farm at a Time



APPLICATION FOR MEMBERSHIP

I apply for membership in **SUNRISE COOPERATIVE, INC.** and agree to comply with the provisions of the Articles of Incorporation and By-Laws. I understand that the By-Law paragraph explained below provides that as a member I must take into account in the manner provided in the Internal Revenue Code §1385(a) the stated dollar amount of any qualified written notice of allocation received by me.

Dated: _____

Applicant Name (Please Print)

Signature

Address

City, State, Zip Code

My Social Security Number or FID Number

EXPLANATION AND SIGNIFICANCE OF CONSENT BY-LAW

To each member and prospective member:

This Association has adopted the "Consent" By-Law (Paragraph 5.7). By retaining or obtaining membership in this Association after adoption of that by-law and your receipt of this notice, you consent to include in your gross income, for federal income tax purposes, the full face amount of each written notice of other certificate which you receive from this Association to evidence your share of the Patrons Annual Savings or any non-case credits which it issues to you as a result of your patronage of this Association.

Accepted by the Board of Directors

Effective _____

Secretary

Common Certificate Number



BRANCH
 Sunrise Cooperative, Inc. Credit Dept.
 82 Townsend Ave. Norwalk, Ohio 44857
 419-668-3955 or 800-432-4954 FAX 419-660-8816
FARM CREDIT APPLICATION

THIS INFORMATION WILL BE TREATED IN A CONFIDENTIAL MANNER

PLEASE PRINT AND COMPLETELY FILL IN ALL BLANKS

Account Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ County: _____
 Social Security # _____ Birthdate: _____
 (Must Provide)

- Individual
- Partnership
- Corporation
- LLP
- LLC
- LTD
- Trust

If a partnership, corporation, LLP, LLC, LTD or Trust give name & address of owner(s)

NAME	TITLE	ADDRESS	CITY, STATE, ZIP	SOCIAL SECURITY NUMBER (MUST PROVIDE)

Employer _____ Position _____ Income _____

Address _____ City & State _____

Spouse's Employer _____ Position _____ Income _____

Address _____ City & State _____

REFERENCES:

Previous Supplier Name: _____ Supplier Address: _____

Bank or Lenders Name: _____ Phone: _____

Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

FARM INFORMATION:

Livestock type: _____ Acres Owned: _____ Acres Rented: _____
 & Numbers (Dairy, Beef, Hogs, Sheep, Poultry, etc.)

We are making this application and statement for the purpose of securing credit on account, and we represent that the information given herein is true and accurate. We authorize the references named herein, both financial institutions and suppliers, to release any financial and credit information known to them, for the purpose of evaluating this application for credit. We agree to pay according to the terms of each account and request the billings be made in the account name specified. If a Service Fee is added, it is computed on the previous balance, less payments and credits appearing on the face of the statement, at a periodic rate of up to 2% per month which is an annual percentage rate of up to 24%. The minimum monthly finance charge will be one dollar. By the signature(s) below, I/we agree to be bound by the Dealer's credit terms and acknowledge receipt of a copy of the credit terms.

Signed: _____ Title: _____ Date: _____

~~If you are a Corporation, Partnership, LLP, LLC, LTD, or Trust you must sign below~~

I personally guarantee payment of all company charges, as consideration for Sunrise Cooperative Inc to extend credit to the above named applicant.

Signed: _____ (Guarantor) Signed: _____ (Guarantor)

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number		

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number		

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).

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 on page 4.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.