

## PATRONAGE CONSENT AGREEMENT AND SUBSTITUTE W-9

NAME AS SHOWN ON INCOME TAX RETURN		TAXPAYER ID, SSN, OR EIN	
MAILING ADDRESS		CITY & STATE	ZIP CODE
PHONE NUMBER	MOBILE PHONE NUMBER	DATE OF BIRTH	
CHECK APPROPRIATE BOXES: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		ACTIVELY ENGAGED IN FARMING AND/OR RANCHING <input type="checkbox"/> Yes – Voting Member of the cooperative <input type="checkbox"/> No – Non-Voting Member of the cooperative	
<input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Other _____			

I hereby consent to include in my gross income, as now or hereafter provided in the federal income tax laws, the stated dollar amount of each written notice of allocation which I receive from Deuel County Farmers Union Oil Company DBA DCFU – PO Box 430 – Toronto, SD 57268, with respect to my patronage occurring during the current and all subsequent taxable years of this cooperative. The consent shall be revocable by me at any time, if in writing.

**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.

**CERTIFICATION INSTRUCTIONS:** Check following the box, if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding, you received another notification from the IRS that you are no longer subject to backup withholding, do not check the box. ☐

The Internal Revenue Service does not require your consent to any provision of this document, other than the certifications required to avoid backup withholding.

SIGNATURE	DATE
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**(Office Use Only)** Assigned Account Number: \_\_\_\_\_

CONTACT INFORMATION			
Name		Business start date (if applicable)	
Company name (if applicable)		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Personal	Credit Limit Requested
Phone			
How long at current address			
Registered address City, State ZIP Code			
Email		Date of Birth	
Email Statements and Invoices	<input type="checkbox"/> Invoices <input type="checkbox"/> Statements	Social Security Number/FEIN	
CREDIT INFORMATION			
Employer		Bank name:	
Business Address City, State ZIP Code		Primary business address City, State ZIP Code	
Phone		Phone	
Your job title		Account number	
How long employed?		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP code		Email	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP code		Email	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP code		Email	
Type of Account		Other	

1. All invoices are to be paid on or before the 15<sup>th</sup> of the following month.
  - a. In the event payment is not prompt a monthly service charge of 1.67% (20% APR) will be added to the unpaid balance until paid.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Deuel County Farmers Union Oil Company DBA DCFU to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES			
Signature		Approving Signature	
Name and Title		Approved Limit	
Date		Date	



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## **CUSTOMER CREDIT POLICY**

*All previous credit policies, either stated or implied, have now been rescinded and are void.*

Anyone applying for credit at Deuel County Farmers Union Oil Company DBA DCFU must complete a credit application and must meet our credit policy requirements.

Credit will not be extended to any customer until verification is completed, and the customer is within the guidelines of DCFU's credit policy.

All credit accounts will be on a 30-day basis, due and payable on or before the 15<sup>th</sup> of the following month.

1. All accounts that are not paid in full by the 15<sup>th</sup> of the following month will be considered **PAST DUE** and placed on a **CASH ONLY** basis.
2. All accounts that, at any time, a credit balance exceeds the credit limit set for that account, the account will be placed on a **CASH ONLY** basis until the balance is less than the credit limit set.
3. Any account **60 days PAST DUE** will be treated as **CASH ONLY** and will be strictly enforced by management.
4. Any account **90 days PAST DUE** will result in a **SMALL CLAIMS ACTION** being filed with the appropriate state or county agencies, the account turned over to a **COLLECTION AGENCY**, or both.
5. All **PAST DUE** accounts will be assessed with a finance charge of **20% APR** (1.67% per month) on **PAST DUE** balances.
  - a. A minimum finance charge of **\$5.00** will be assessed for all **PAST DUE** accounts.
6. All payments on credit account balances should be made by **CASH or CHECK**.
  - a. If a payment on a credit account balance is made with a **CREDIT CARD**, a **CONVENIENCE FEE of 3%** of the amount being paid will be assessed for the transaction.
7. Credit balances of \$100.00 or more will receive interest calculated monthly and the rate will be set by the board of directors each year.
  - a. *Deuel County Farmers Union Oil Company* will not accept any payment larger than your last year's purchases.
  - b. All credit balances must be used to purchase merchandise from the cooperative, or the account will forfeit their interest.
8. All **AGRONOMY** sales will be cash or on a prepaid contract.
  - a. If a credit account wishes to charge these products, it will be necessary to have enough credit to cover the amount before delivery is made or furnish us with a letter of credit from your lender guaranteeing payment.
9. All **PROPANE & REFINED FUEL** Customers
  - a. DCFU will not be held responsible for scheduled deliveries on propane accounts if the account is past due or over the credit limit assigned to the account.
  - b. Cash accounts must pay for propane & refined fuel in full prior to delivery.
  - c. Fuel assistance customers without a credit account must have their portion paid in full prior to delivery.

**Deuel County Farmers Union Oil Company** reserves the right to refuse or limit credit to anyone at any time, based on the ability to pay, financial condition and previous experience.

*Approved by the Board of Directors & CEO on November 18<sup>th</sup>, 2025*



## **PROPRIETY CHARGE CARD APPLICATION**

Propriety Charge Cards are linked to a specific Deuel County Farmers Union Oil Company DBA DCFU credit account. They can be used at all our locations in Toronto, SD and Clear Lake, SD.

It is the responsibility of the customer/patron for ordering the cards to assign and distribute cards to their employees or family members. DCFU assumes no responsibility for lost, stolen or damaged cards. DCFU also assumes no responsibility for charges generated from lost, stolen, or damaged cards that have not been reported to the Administrative Office.

Please provide the following information to request and receive Propriety Charge Cards. If your card is lost or stolen, please call (605) 794-4861 immediately to have the card inactivated at all our locations. After hour calls will be managed the next business day.

CUSTOMER/PATRON ACCOUNT NUMBER	
CUSTOMER/PATRON NAME	
MAILING ADDRESS	
CITY, STATE & ZIP	
NUMBER OF CARDS	
UNIT NUMBERS OR CARD NUMBERS	

I acknowledge the request to apply for Propriety Charge Cards from Deuel County Farmers Union Oil Company DBA DCFU. As an owner/representative of the above-named customer account, I acknowledge that it is my/my company's responsibility for lost or stolen cards; I also acknowledge that DCFU will not be responsible for charges generated from lost or stolen cards.

CUSTOMER/REPRESENTATIVE NAME (PRINT)	
CUSTOMER/REPRESENTATIVE SIGNATURE	
PHONE & EMAIL	



## **PROPANE SCHEDULED DELIVERY REGISTRATION**

To keep the cost of gas and delivery expense as low as possible and to provide the best possible service for our scheduled delivery customer, we at Deuel County Farmers Union Oil Company DBA DCFU continue to enforce your Cooperative's policy for customers that are not on the scheduled delivery program. This policy contains the following guidelines:

- i. All orders must be a minimum of 250 gallons.
- ii. All orders that are not on the scheduled delivery program will be charged a \$100.00 delivery fee if the propane is needed the same day or sooner than one working day after the placement of the order.
- iii. All outages that are not on the scheduled delivery program will be charged a minimum of \$100.00.
  - a. This fee includes getting the system back in service and a charge for a special trip.
  - b. All parts and labor are additional.
- iv. All accounts PAST DUE 60 days or older, will be taken off the Scheduled Delivery Program.
  - a. All PAST DUE customers must have payment of all prior charges applied to their account before any future deliveries.
- v. All budget accounts that have not kept their payments on schedule will not be considered a scheduled delivery account.
  - a. See – iv (a)

All propane customers must monitor their tank levels and inform DCFU if their tank needs to be filled due to unknown circumstances. DCFU will be held harmless if the propane supply has been interrupted and will not be responsible for continuing the scheduled delivery program.

Customer must call when tank volume gets down to 20%.

Customers are responsible for clearing a path to the tank for delivery.

Customers are responsible for informing DCFU whenever a change in usage has occurred in their propane system.

**I have read and understand the above policy and want to be a:**

☐

Scheduled Delivery Account

☐

Will Call Account

\_\_\_\_\_  
*Customer Name*

\_\_\_\_\_  
*Customer Signature*

\_\_\_\_\_  
*Date*



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## **SOUTH DAKOTA FARMERS UNION DUES FORFEITURE**

Effective immediately, I \_\_\_\_\_ do not want South Dakota Farmers Union dues deducted from my patronage/dividend check.

Dated \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Customer Name (Print)

\_\_\_\_\_  
Customer Signature

# South Dakota Streamlined Sales Tax Agreement

## Certificate of Exemption

### Warning to purchaser:

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that is due tax on this sale. The state that is due tax on this sale may be notified that you claimed exemption from sales tax.

The purchaser will be held liable for any tax and interest, and possible civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption.

1. Check if you are attaching the Multistate Supplemental form.

If not, enter the two-letter abbreviation for the state under whose laws you are claiming exemption.

2. Check if this certificate is for a **Single Purchase Certificate**. Invoice/purchase order # \_\_\_\_\_.

3. A. Name of purchaser

B. Business address City State Zip code

C. Purchaser's tax ID number State of Issue County of Issue

D. If no tax ID number, enter FEIN

E. If no ID number or FEIN, enter Driver's License Number/State Issued ID number state of issue

F. Foreign diplomat number

G. Name of seller from whom you are purchasing, leasing or renting

H. Seller's address Zip code

4. Purchaser's Type of business. Circle the number that best describes your business.

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

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

- |  |   |
|--|---|
| A Federal government (Department) _____                              | H Agricultural  |
| B State or local government (Agency) _____                           | I Industrial production/manufacturing <u>Does not apply in SD</u> |
| C Tribal government  | J Direct pay permit   |
| D Foreign diplomat   | K Direct Mail   |
| E Charitable organization - SD Permit Required                       | L Other (Explain) _____   |
| F Religious or private educational organization - SD Permit Required |   |
| G Resale   |   |

6. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser Print name here Title Date