



**1901 E Hwy 160  
Monte Vista, CO  
719-852-5181**

Fax: 719-852-3418  
mvcoop.com  
mvcoop@mvcoop.com

Dear Prospective Member:

I would like to take this opportunity to thank you for your interest in services and products offered by the Monte Vista Cooperative.

Following this letter you will find the required forms to become a member of this cooperative. Please fill them out and return them to the Cooperative's main office. We can then process them and approve your membership.

It is not a requirement for you to become a member to obtain all the services and products we offer. However, you must be a member of the association to benefit from any patronage that we normally pay at the close of our fiscal year. Through the years, these refunds have been substantial.

A membership can be established by completing the attached patron's consent form, W-9, and customer profile information sheet. Your membership fee of \$100 (one hundred dollars) for Non-Voting membership and \$250 (two hundred fifty dollars) for Voting membership payable to the Monte Vista Cooperative must also accompany these forms. The fee is a one-time fee for a life-time membership.

Once you have purchased a membership, you are eligible to participate in the following benefits:

1. Patronage refunds which are based on your purchases.
2. Special rates on cellular and internet services through Viaero Wireless.

Again, thank you for your interest in the Monte Vista Cooperative. We look forward to providing service to you in any way we can.

Sincerely,

Eric Hinton  
President/CEO

***Please complete, sign and return the next three pages with your one-life time fee.***

# THE MONTE VISTA COOPERATIVE

## PATRON'S INDIVIDUAL CONSENT FORM

PLEASE PRINT

I/We \_\_\_\_\_ hereby give written consent that the amount of any distributions with respect to my patronage which are made in written notices of allocation (as defined in 26 U.S.C. 1388) and which are received by me/us from Monte Vista Cooperative Inc. will be taken into account by me at their stated dollar amounts in the manner provided in (28 U.S.C. 1385) in the taxable year in which such written notices of allocation are received by me/us, with respect to my/our income tax for said year.

I/We hereby state that I/We \_\_\_\_\_ do \_\_\_\_\_ do not file a schedule 'F' yearly with the U.S. Department of Revenue and therefore, I/We \_\_\_\_\_ am/ are \_\_\_\_\_ am/are not in agricultural producer under the definition of the Monte Vista Cooperative. I/We also agree to notify the Monte Vista Cooperative if at any time in the future my/our standing under the above definition should change. If you do file a Schedule 'F', please indicate how many acres, where and in what crops:

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This agreement may be revoked by me/us at any time in writing and signed by me/us. Such revocation, when given to the Cooperative shall be effective only with respect to patronage occurring after the close of the taxable year of the Cooperative during which the revocation is filed with it.

APPLICANT:

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

Social Security #: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

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

CO-APPLICANT:

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

Social Security #: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Please be sure to complete the accompanying W-9 form and return it with this form and our one time fee.**

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**(For office use only please)**

P.I.C taken by: (employee name) \_\_\_\_\_ Date: \_\_\_\_\_ Ticket #: \_\_\_\_\_

Account Titled: \_\_\_\_\_ Acct #: \_\_\_\_\_

Membership Certificate #: \_\_\_\_\_

# CUSTOMER PROFILE INFORMATION FORM

The purpose of this optional form is to provide you with better service and/or products based on your needs. We appreciate your taking a few minutes to complete this form. The information you provide will be kept confidential.

**Please Print:**

**Account Holder's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Family Members:**

Names & Birthdates: \_\_\_\_\_

Names & Birthdates: \_\_\_\_\_

Names & Birthdates: \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Hobbies or outside interests: \_\_\_\_\_

Do you have any animals? Please specify if so: \_\_\_\_\_

Do you farm or ranch? If so, please tell us what crops you raise: \_\_\_\_\_

What machinery or equipment do you currently use in your farm/ranch operation?:

If you have a shop or work area, what tools do you use?: \_\_\_\_\_

Please mark the products or services that you currently have a need for:

- |                              |                                  |                         |
|------------------------------|----------------------------------|-------------------------|
| _____ Propane                | _____ Seed                       | _____ Fertilizer        |
| _____ Gas Station            | _____ Tools                      | _____ Fencing           |
| _____ Feed Products          | _____ Trailers                   | _____ Home Improvements |
| _____ Machinery              | _____ Metal Buildings            | _____ Appliances        |
| _____ Chemicals              | _____ Hobbies                    | _____ Feed Products     |
| _____ Tires, batteries, etc. | _____ Refined Fuel Home Delivery |                         |

Other: \_\_\_\_\_

Additional Information: \_\_\_\_\_

# 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.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>						
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;"> <p><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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><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.</p> <p><input type="checkbox"/> Other (see instructions) ▶</p> </td> <td style="width: 25%;"> <p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> </td> </tr> </table>	<p><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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><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.</p> <p><input type="checkbox"/> Other (see instructions) ▶</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>				
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<b>Part I</b>	<b>Taxpayer Identification Number (TIN)</b>																																																			
<p>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 <i>How to get a TIN</i>, later.</p> <p><b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;"><b>or</b></td> </tr> <tr> <td colspan="10" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	<b>Social security number</b>																				<b>or</b>										<b>Employer identification number</b>																			
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<b>Part II</b>	<b>Certification</b>
<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>I am a U.S. citizen or other U.S. person (defined below); and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> <p><b>Certification instructions.</b> 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.</p>	

<b>Sign Here</b>	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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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.*