



FARM & BUSINESS CREDIT APPLICATION & AGREEMENT
(Use back if more space needed) Page 1 of 2

Date __/__/__

Farm/Business Name

When Was Business Established? / /

Complete Billing & Mailing Address (Street Number, Street Name, City, State & Zip Code)

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()

Phone Number

Fax Number

Mobile Phone Number

Federal Identification Number

Social Security Number

State Sales Tax Number

Email Address

Business Is A: ☐ Corporation, ☐ LLC, ☐ Partnership, ☐ Sole Proprietorship (individual using his social security number)

Type of Business (Farm, Contractor, Etc.)

Accounts Payable Contact

Does Your Company Pay By Statement Or Invoice?

If Corporation, List Corporate Officers (Name & Title) or If LLC/Partnership, List All Partners or If Sole Proprietorship, List Owner

Name	Title	Name	Title	Name	Title
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Name	Title	Name	Title	Name	Title
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Banking Information (Provide all Banks and complete the Bank Reference and Authorization to Release Information form)

Name of Bank & Full Address

Contact Name

() Phone Number

Name of Bank & Full Address

Contact Name

() Phone Number

Credit References/Major Suppliers

Company	Address (Street, City, State & Zip Code)	() Phone Number	() Fax Number
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Company	Address (Street, City, State & Zip Code)	() Phone Number	() Fax Number
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Company	Address (Street, City, State & Zip Code)	() Phone Number	() Fax Number
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Company	Address (Street, City, State & Zip Code)	() Phone Number	() Fax Number
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Credit Limit Requested \$_____. Credit Limit Approved \$_____
(Credit Manager/CFO)

Farm/Business Applications we request a copy of the most recent annual Income Statement & Balance Sheet.



BUSINESS CREDIT APPLICATION & AGREEMENT

(Page 2 of 2)

AGREEMENT: By accepting, signing or using the account for which application is being made herein, the company and anyone authorized by such company to use the account (such company and all authorized users being herein collectively referred to as "Holder"), jointly and severally agree as follows: (1) to assume responsibility for all credit extended by Rockingham Cooperative Farm Bureau, Inc. pursuant to authorized use of the account; (2) to pay, at such place as Rockingham Cooperative Farm Bureau, Inc. designates, obligations evidencing such credit, and **FINANCE CHARGE, (APR 18%, 1½% monthly)**, where applicable (determined as provided in the Rockingham Cooperative Farm Bureau, Inc. Credit Plans delivered herewith and made a part hereof), in accordance with billings and the current payment schedule, including a 25% attorney's fee and other costs of collection in the event of default; (3) to notify Rockingham Cooperative Farm Bureau, Inc. promptly in writing of loss, theft, or unauthorized use of the account; (4) that the account may be cancelled by Rockingham Cooperative Farm Bureau, Inc. at any time; (5) to surrender the account upon demand; (6) that any claim of Rockingham Cooperative Farm Bureau, Inc. against Holder shall, at Rockingham Cooperative Farm Bureau, Inc.'s option, become immediately due and payable upon failure of Holder to perform any terms hereof or make any payments as otherwise agreed; (7) that Rockingham Cooperative Farm Bureau, Inc. may upon 15 days' prior written notice to the company, amend or change any provision or term of this Agreement or the Rockingham Cooperative Farm Bureau, Inc. Credit Plans; (8) that the law of Virginia shall govern all rights and duties hereunder; (9) that venue and jurisdiction for the enforcement of the obligations hereunder shall be in Rockingham County, Virginia, unless another venue and jurisdiction is agreed to, in writing, by Rockingham Cooperative Farm Bureau, Inc.

30-Day Credit Plan: Rockingham Cooperative Farm Bureau, Inc. 30-Day charge accounts are based on a monthly billing cycle and monthly statements will be prepared on the last business day of each month designated as the "Date of Statement" on your monthly statement. All credit purchases and all payments occurring after Date of Statement will appear on your next monthly statement. Your account is due and payable in full on the first day of the month following purchase; however, if the "New Balance" appearing on your monthly statement is received by Rockingham Cooperative Farm Bureau, Inc. within 30 days of Date of Statement, no **FINANCE CHARGE** is imposed. If "New Balance" is not paid within 30 days of Date of Statement, a **FINANCE CHARGE** is imposed at a periodic rate of 1½ % per month (or a minimum charge of 25 cents per month for amounts under \$17.00) on the "Adjusted Balance" appearing on your monthly statement. "Adjusted Balance" is the "Previous Balance" reduced by all payments and credits shown on the monthly statement and received during the monthly billing cycle.

The **ANNUAL PERCENTAGE RATE** of the **FINANCE CHARGE** is 18%.

Special Note: The disclosure of finance charge and the manner in which it is determined is not an invitation or authorization to pay your account in monthly installments. All accounts are due in full on the 1st day of the month following purchase.

I certify that I have read the Rockingham Cooperative Farm Bureau, Inc. Customer Agreement & 30-Day Credit Plan set forth above containing all the disclosures required by law. I am aware of, and agree to be bound by, the terms of the Rockingham Cooperative Farm Bureau, Inc. 30-Day Credit Plan and Customer Agreement. I understand that if a renewal or replacement account is issued to me, I will continue to be bound by the terms of the Rockingham Cooperative Farm Bureau, Inc. Credit Plans and Customer Agreement without any further disclosures or notice to me.

Signature _____	Title _____	Date _____
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PERSONAL GUARANTY

In consideration of Rockingham Cooperative, Inc. extension of credit to the entity above, the undersigned hereby personally guaranties unconditionally and irrevocably the prompt payment of any sum now or hereafter owed. This Guaranty shall continue in force until notice in writing, sent by registered mail, return receipt requested is received by the Credit Manager of Rockingham Cooperative, Inc. Notice would need to be delivered 30 days before termination.

GUARANTOR SIGNATURE

PRINTED NAME

TITLE

RESIDENTIAL ADDRESS

TELEPHONE NO of RESIDENCE

SOCIAL SECURITY NUMBER

Signup for statements and/or invoices by email

Email Address: _____

Please check which you would like:

☐ Invoices by email

☐ Statements by email

Internal Use Only

Date Received: __/__/__ Signed: _____

Date Approved: __/__/__ Signed: _____

CFO Approved: __/__/__ Signed: _____

Customer #: _____ Set-up Date __/__/__ Initials: ____

Rockingham Cooperative, Inc.
PO Box 1109
Harrisonburg, VA 22803
(540) 434-3856
ar@rockinghamcoop.com

Rev. 09/21

Bank Reference and Authorization to Release Information

Date: ____/____/____

I/We authorize you to provide any/all information requested by the management team of Rockingham Cooperative, Inc. Such information includes but is not limited to: account balances, credit history, tax returns, income statements, and balance sheets.

Husband (Please Print)

Wife (Please Print)

Husband (Signature)

Wife (Signature)

OR

Farm/Business Name (please print)

by: _____
Print Name & Title of Authorized Signor

Signature: _____
Authorized Signor

Bank Reference and Authorization to Release Information

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Husband (Please Print)

Wife (Please Print)

Husband (Signature)

Wife (Signature)

OR

Farm/Business Name (please print)

by: _____
Print Name & Title of Authorized Signor

Signature: _____
Authorized Signor



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MEMBERSHIP APPLICATION

I hereby make application to become a member of the Rockingham Cooperative. I certify that I am a bona fide producer of agricultural products in the territory in which the Association is engaged in business. I understand that my membership may be terminated if I fail to comply with the qualifications for membership stated in the Bylaws or any revision thereto. I acknowledge that I have previously been furnished with a copy of the Bylaws of the Association, that I have had an opportunity to read the Bylaws and I expressly agree to be bound by and comply with all Bylaws of the Association and any revisions thereto. I expressly 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 from the Association, will be taken into account by me at their stated dollar amounts in the manner provided in 26 U.S.C. 1385(a) in the taxable year in which such written notices of allocation are received by me. This consent shall be deemed to continue after my termination as a member to the extent that I am a patron of the Association. I certify that I meet the eligibility requirements of membership in that I own or lease a farm from which at least \$1,000 of agricultural products are produced and sold or would normally be sold during the year. I will immediately advise the Association in writing in the event I become ineligible for membership under this requirement.

My present acreage is used for production of the following crops and/or meat products:

TYPE OF CROPS	NUMBER OF POULTRY	NUMBER OF LIVESTOCK
_____	Layers _____	Beef _____
_____	Broilers _____	Dairy _____
_____	Turkeys _____	Sheep _____
_____	_____	Hogs _____

Other agricultural production: _____

My present acreage used for agricultural purposes is _____ acres located on the road name _____

Signed and agreed to this _____ day of _____, 20_____

Signature of Applicant

Printed Name of Applicant

Physical Address (please print)

Mailing Address if Different from Above (please print)


City State Zip Code

Account Number
(leave blank if new applicant)

Email Address

Telephone Number

Taxpayer Identification Number

(IRS Requirement for Patronage Allocations to be issued)
Under the penalties of perjury, I certify the Social Security or
Federal Identification Number provided on this form is correct. 
If applying in a farm name, a federal identification number must be provided.
If applying in an individual's name, a social security number must be provided.

Social Security Number

OR

Federal ID Number

Accepted by _____ Location _____

Rev. 09/21

COMMONWEALTH OF VIRGINIA
SALES AND USE TAX CERTIFICATE OF EXEMPTION

For use by a farmer for purchase of tangible personal property for use in producing agricultural products for market, or medicine and drugs sold to a veterinarian and used in the manner described below. In order to be deemed a "farmer," a person must be engaged in the business of producing agricultural products for market.

To: _____ Date: _____
 Name of Dealer

Number and Street or Rural Route	City, Town or Post Office	State	Zip Code
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Va. Code § 58.1-609.2(1) provides that the Virginia retail sales and use tax shall not apply to (check appropriate box):

- ☐ Commercial feeds; seeds; plants; fertilizers; liming materials; breeding and other livestock; semen; breeding fees; baby chicks; turkey poults; rabbits, quail; llamas; bees; agricultural chemicals; fuel for drying or curing crops; baler twine; containers for fruits and vegetables; farm machinery; tangible personal property except for structural construction materials to be affixed to real property owned or leased by a farmer necessary for use in agricultural production for market and sold to or purchased by a farmer; and agricultural supplies provided the same are sold to and purchased by farmers for use in agricultural production, including beekeeping and fish, quail, rabbit, and worm farming for market.
- ☐ Medicines and drugs sold to a veterinarian provided they are used or consumed directly in the care, medication, and treatment of agricultural production animals or for resale to a farmer for direct use in producing an agricultural product for market.
- ☐ I, the undersigned farmer, hereby certify that all purchases made by me from the above named dealer on and after this date, unless otherwise specified on each order, will be purchased exclusively for use in agricultural production for market, and are exempt from the Virginia retail sales and use tax. I further certify that I am engaged in the business of producing agricultural products for market, that I am marketing agricultural products produced by me, and that this Certificate of Exemption, to the best of my knowledge and belief, is true and correct, made in good faith, pursuant to the Virginia Retail Sales and Use Tax Act.
- ☐ I, the undersigned veterinarian, engaged in the business of the treatment of agricultural production animals, hereby certifies that all purchases from the above named vendor on and after this date, will be purchased exclusively for the purpose indicated above, unless otherwise specified on each order. I further certify that this Certificate of Exemption, to the best of my knowledge and belief, is true and correct, made in good faith, pursuant to the Virginia Retail Sales and Use Tax Act.

Print Name of Farmer or Veterinarian	Signature of Farmer or Veterinarian	Virginia Account Number, if any
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Business Name	Trading As Name
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Number and Street or Rural Route	City, Town or Post Office	State	Zip Code
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Kind of business engaged in by dealer _____

I declare that I am authorized to sign this Certificate of Exemption and that, to the best of my knowledge and belief, it is true and correct, made in good faith, pursuant to the Virginia Retail Sales and Use Tax Act.

By _____
 Signature Title

Business Name	Trading As Name
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Number and Street or Rural Route	City, Town or Post Office	State	Zip Code
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1. **Information for farmer.**—This Certificate of Exemption applies only to the items of tangible personal property listed above when sold to a farmer for use in agricultural production for market. Items purchased by a farmer for personal, family or home use or consumption are subject to the tax. A farmer who is not engaged in the business of producing agricultural products for market cannot claim the agricultural exemption.
2. **Information for contractor.**—This Certificate of Exemption may not be used by a contractor. Any contractor who purchases tangible personal property (except structural construction materials) necessary for agricultural production for market to be affixed to real property owned or leased by a farmer should contact the Department of Taxation to obtain the proper exemption certificate.
3. **Information for dealer.**—A dealer is required to have on file only one Certificate of Exemption properly executed by the farmer or veterinarian who buys tax exempt tangible personal property for the purpose indicated hereon.
4. **Virginia Tax Account Number.**—If the farmer or veterinarian has a sales or use tax account number with the Department of Taxation, the farmer or veterinarian must enter the Virginia sales tax account number in the space provided. However, if the farmer or veterinarian is *not* registered with the Department of Taxation for sales or use tax purposes, the farmer or veterinarian may still use this Certificate of Exemption and should enter "NONE" in the space provided.

RETAIN THIS DOCUMENT FOR YOUR RECORDS; DO NOT SEND TO THE TAX DEPARTMENT



PO Box 1109 · Harrisonburg, VA 22801
Tel: (540) 434-3856
Email: ar@rockinghamcoop.com

Recurring Payment Plan Authorization Form Checking/Savings Account

Schedule your payment to be automatically deducted from your checking or savings account

The Recurring Payment Plan will help you in several ways:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges
- It's easy to sign up

Here's how the Recurring Payment Plan works:

You authorize regularly scheduled charges to your checking/savings account. You will be charged each billing period the total amount due for that period. A receipt of payment will be emailed to you and will appear on your statement.

Please complete the information below:

Name _____ Account # _____
Billing Address _____ Phone# _____
City, State, Zip _____ Email Address _____

Checking/Savings Account

☐ Checking ☐ Savings
Name on Acct _____
Bank Name _____
Bank Routing # _____
Bank Account # _____
Bank City/State _____



Please indicate the date to begin deductions _____

Please choose ONE of the two options below:

☐ I authorize Rockingham Cooperative, Inc. to charge/debit my account on or about the **15th** of each month and will take advantage of any term discounts offered for payment of my bill.

OR

☐ I authorize Rockingham Cooperative, Inc. to charge/debit my account on or about the **LAST BUSINESS DAY** of each month and will NOT take advantage of any term discounts offered for payment of my bill.

SIGNATURE _____ DATE _____

I agree to notify the business in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute the company's recurring billing with my bank; so long as the transaction corresponds to the terms indicated in this agreement. I also understand a return ACH fee may be imposed for transactions returned for any reason.



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The partnership of _____ with a tax identification number of _____ is composed of individuals whose interest in patronage refunds from Rockingham Cooperative should be proportioned as follows:

_____ Name	_____ Name
_____ Address	_____ Address
_____ City, State, Zip Code	_____ City, State, Zip Code
_____ Social Security Number	_____ Social Security Number
_____ Proportion of equity, (examples, 25%, 50%)	_____ Proportion of equity, (examples, 25%, 50%)
_____ Signature	_____ Signature
_____ Date	_____ Date

_____ Name	_____ Name
_____ Address	_____ Address
_____ City, State, Zip Code	_____ City, State, Zip Code
_____ Social Security Number	_____ Social Security Number
_____ Proportion of equity, (examples, 25%, 50%)	_____ Proportion of equity, (examples, 25%, 50%)
_____ Signature	_____ Signature
_____ Date	_____ Date