



ROCKINGHAM COOPERATIVE CREDIT APPLICATION & AGREEMENT

(Individual Account Only) Page 1 of 2

FOR OFFICE USE ONLY

Account# _____

Approved By _____

Date _____

- Type of credit applying for: [] Revolving Account... [] 30-Day Open Account... [] Special Financing...

Form fields for First Name, Middle Initial, Last Name, Date of Birth, Home Address, Social Security Number, Home Phone, Cell Phone, Number of Dependents.

Mailing Address (If different from your home address) RECEIVE A \$1.00 STATEMENT CREDIT PER MONTH FOR STATEMENTS BY E-MAIL [] Invoices by Email [] Statements by Email

Current Employer, Occupation, Annual Gross Income, Other Annual Income (If Any), Source of Income

Joint Applicant (Complete this section if you are applying for a joint account or if you are relying on the income of another person to qualify for an account.)

Form fields for Joint Applicant: First Name, Middle Initial, Last Name, Date of Birth, Home Address, Social Security Number, Home Phone, No. of dependents, Current Employer, Occupation, Annual Gross Income, Other Annual Income* (If Any), Source of Income.

AGREEMENT: By accepting, signing or using this account for which application is being made herein, the person whose name or anyone authorized by such person to use this account (such person and all authorized users being herein collectively referred to as "Holder")...

APPLICATION

I certify that I have read the Rockingham Cooperative Farm Bureau, Inc. Customer Agreement set forth above. I also certify that I have been given and retained a single written copy of the Revolving and 30-Day Open Account Credit Plans containing all the disclosures required by law.

Applicant's Signature, Date, Joint Applicant's Signature

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

Notify Us In Case of Errors or Questions About Your Bill: If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address listed on your bill. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information: • Your name and account number • The dollar amount of the suspected error • Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

Your Rights and Responsibilities After We Receive Your Written Notice: We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the bill is correct.

After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount you question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.

If we find that we made a mistake on your bill, you will not have to pay any finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within ten days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. And, we must tell anyone we report you to that the matter has been settled between us when it finally is.

If we don't follow these rules, we can't collect the first \$50 of the questioned amount, even if your bill was correct.

Special Rule for Credit Card Purchases

If you have a problem with the quality of property or services that you purchase with a credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the property or services. There are two limitations on this right. (a) You must have made the purchase in your home state or, if not within your home state, within 100 miles of your current mailing address; and (b) The purchase price must have been more than \$50. These limitations do not apply if we own or operate the merchant, or if we mailed you the advertisement for the property or services.

Revolving Credit Plan

Rockingham Cooperative Farm Bureau, Inc. Revolving 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 Revolving account is payable on a schedule of one-twelfth (1/12) of the "New Balance" showing on your monthly statement or \$25.00 per month, whichever is greater; however, if the new "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 shown on the monthly statement and received during the monthly billing cycle.

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

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.

Online Payments

For your convenience, online bill payment is available at our web site, www.rockinghamcoop.com. Payments submitted before 5 PM Eastern Time will be posted to your account that same day.

You can also pay us by ACH. Forms are available on our website. Please contact us with any questions or concerns.



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

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

Account Number
(leave blank if new applicant)

Physical Address (please print)


Mailing Address if Different from Above (please print)

Email Address

City State Zip Code

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 _____

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

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

Business Name Trading As Name

Number and Street or Rural Route City, Town or Post Office State Zip Code

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

Number and Street or Rural Route City, Town or Post Office State Zip Code

- 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.



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

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:

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

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