

PARTNERSHIP OR CORPORATION SHARE ALLOCATION

Please check one if Applicable



- Partnership
- Corporation
- LLC

Farmers Union Oil Co.
1772 West Main Avenue – PO Box 967
West Fargo, ND 58078-0967
For assistance call: 701-282-3201

Individual w/TIN

Individuals wishing to purchase under a business account and receive patronage under a personal SSN- enter 100% in box one, line one. This option is not required

Please check one of the boxes shown **above or to the right**

Business Name: _____	Acct # _____	
Business Tin: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
I hereby request that patronage allocations earned by the above entity be allocated according to the percentages listed below.		
1 _____ % Shareholders	Signature: _____	SSN: _____
2 _____ % Shareholders	Signature: _____	SSN: _____
3 _____ % Shareholders	Signature: _____	SSN: _____
4 _____ % Shareholders	Signature: _____	SSN: _____
Requested Effective Date: _____		<input type="checkbox"/> 1

(You may wish to consult with your business or personal tax preparer before completing this form).

Patronage Account information	Account # to be filled in by Coop	<input type="checkbox"/> 2
<u>Name and DOB to be filled in by customer</u>		
1-Name: _____	Date of Birth: _____	Acct #: _____
2-Name: _____	Date of Birth: _____	Acct #: _____
3-Name: _____	Date of Birth: _____	Acct #: _____
4-Name: _____	Date of Birth: _____	Acct #: _____