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cvctx.com

CAPITAL CREDIT REQUEST FORM by Legal Entity Ceasing to do Business/Dissolving

I, _____, request retirement of Capital Credits accumulated to:

Membership No. _____

Name of Business/Legal Entity (Member): _____

Date of Legal Entity Ceasing to do Business/Dissolved: _____

CONTACT INFORMATION OF CLAIMANT:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Relationship to Member: _____

(Officer, Partner, Member, Proprietor, etc.)

I understand that to obtain Capital Credits on the Legal Entity/Business membership, I must furnish documentary evidence providing that the legal entity is/has ceased to do business and should no longer exist upon distribution of the entity's funds and assets.

An IRS form W-9 must be returned for each claimant whom will be receiving payment of Capital Credit funds from the Legal Entity/Business membership.

Signature of Claimant

Date

*****PLEASE ALLOW 120 DAYS PROCESSING TIME FROM THE RECEIPT OF ALL COMPLETED DOCUMENTS TO OUR OFFICE*****

Incomplete forms cannot be processed.

OFFICE USE ONLY

Employee Who Received Paperwork: _____ (Initial)

Date All Documents Received: _____

Disconnect Date: _____

Date NISC Updated: _____

(Initial-Updated): _____

Proof of Legal Entity Ceasing to do Business W-9 _____ (Quantity)