

MIX 30

THE HIGH ENERGY LIQUID FEED.

Agridyne, LLC
 PO Box 7510
 Springfield, IL 62791
 Phone (800) 575-7585 | Fax (217) 787-4303

NEW ACCOUNT INFORMATION & CREDIT REQUEST

ACCOUNT NAME & ADDRESS

SHIP TO (IF DIFFERENT)

ACCOUNT NAME _____

NAME _____

BILLING ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____

PHONE _____ CELL _____

STATE _____ ZIP _____

FAX _____

PHONE _____

EMAIL ADDRESS _____

FAX _____

PRINCIPAL LINE OF BUSINESS _____

NUMBER OF COWS _____

NUMBER OF YEARS IN BUSINESS _____

NUMBER OF CALVES _____

WHO TO CONTACT ON PAYMENTS _____

NUMBER OF STOCKERS _____

ORGANIZATION OF NEW ACCOUNT *(Place checkmark on appropriate designation and complete)*

____ CORPORATION OWNER/PRESIDENT _____

____ PARTNERSHIP PARTNER NAMES _____

____ SOLE PROPRIETOR EMPLOYED BY _____

SPOUSE'S NAME _____

BANK REFERENCES

	BANK NAME	ACCOUNT #	ACCOUNT TYPE	PHONE	CONTACT
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

TRADE REFERENCES

	COMPANY NAME	ADDRESS	PHONE	CONTACT
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

STORAGE TANK INFORMATION

TANK DIMENSION - DIAMETER _____ HEIGHT _____ GALLON CAPACITY _____

STYLE/SIZE OF VALVE FOR TRUCKLOAD HOOKUP (ex. 3" Male quick coupler) _____

AGITATION METHOD *PUMP* or *AIR* PUMP TYPE (ex. 2" electrical - centrifugal) _____

ARE TANKS EASILY ACCESSED BY SEMI TANKERS? _____ IS ROAD ALL WEATHER? _____

ROAD WEIGHT LIMIT? _____

COMMENTS _____

DIRECTIONS TO TANK _____

DELIVERY WINDOW *24 HOURS* *DAYTIME* *MORNING ONLY* *AFTERNOON ONLY* *OTHER* _____

TRADE TERMS

1. Each load of MIX 30 is traded under a written contract (governed by National Feed & Grain Association rules) and each contract must be signed and returned.
2. 3 days minimum notice is required on orders to ensure timely delivery.
3. Payment terms are net cash receipt of invoice (due upon receipt) -no exceptions.
4. Accounts overdue will become prepay or refused shipment.
5. Prices are subject to change without notice unless under contract.
6. All "less than truckload deliveries" will be charged the full load freight rate unless otherwise specified.
7. Unless otherwise agreed upon in writing, if no one is present at time of delivery, buyer authorizes delivery.

I/We certify that all information has been supplied accurately and voluntarily and authorize the Seller to investigate my/our credit history, including bureau reports and financial responsibility. I/We authorize our banks to release information regarding our checking, savings and loan accounts. I/We also authorize the Seller to release information about our credit and payment history. I/We agree to make payments promptly in accordance with the above terms and further agree to pay attorney fees and all other costs which may be incurred if our account becomes in default.

Should credit availability be granted by Seller, all decisions with respect to the extension or continuation shall be at the sole discretion of the Seller. Seller may terminate any credit availability within its sole discretion.

All amounts due Seller are payable in accordance with the payment terms granted by Seller's credit department from which the goods and services are delivered. If any amount due Seller is not paid in accordance with such payment terms, a delinquency charge shall be added to the sum due, which charge shall equal the amount obtained by multiplying the delinquent balance by the lesser of (a) one and one-half percent (1½ %) per month or (b) the maximum lawful rate permitted to be charged under the applicable state's law.

PAYMENT TERMS ARE NET CASH RECEIPT OF INVOICE (DUE UPON RECEIPT) - NO EXCEPTIONS.

APPLICANT'S SIGNATURE _____ TITLE _____ DATE _____

PRINT NAME OF ABOVE SIGNATURE _____

CO-APPLICANT'S SIGNATURE _____ TITLE _____ DATE _____

PRINT NAME OF ABOVE SIGNATURE _____

MIX 30



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800-575-7585 EXT. 206 • www.mix30.com

Our current payment terms are Net Cash Receipt of Invoice. If payment has not been received in our office within 30 days of invoice date, there will be a late charge of 1.5% per month.

We are offering 3 payment options to best assist avoiding late fees.

1. Credit Card – Credit card charges will be posted to the credit card on the date of invoice.
2. ACH – Agridyne, LLC will ACH the specified bank account 20 days after the invoice date automatically.
3. Net 30 Date of Invoice – Checks can continue to be mailed to our office, but checks must be received within 30 days of the invoice date. Agridyne, LLC is not responsible for checks lost in mail.

If a customer chooses to run a credit card or ACH not according to terms stated above, a \$50 convenience fee will be applied.

Shipments will be held if an account has unpaid invoices beyond terms.

Additionally, to get invoices to our customers in the most time efficient way possible we would like to fax or email all invoices the date they are created.

We ask that you fill out the appropriate paperwork enclosed and return so we can best serve you as we go forward.

If you have any questions contact your salesman.

Agridyne, LLC

Send invoices via:

- eMail eMail Address: _____
- Fax Fax Number: _____
- Continue to send Paper Copy through US Post
- Paper Copy Not Required

Pay invoices via:

- Credit Card – Card to be charged at time of invoicing. (Return Authorization Agreement for Credit Card Payment form)
- ACH – Funds to be withdrawn 20 days after date of invoicing. (Return Authorization Agreement for Direct Payment form)
- Mail check – checks to be received within 30 days of the invoice date. Agridyne, LLC is not responsible for checks lost in the mail.

Signature: _____ Date: _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

How Are Direct Payments Made?

The customer authorizes Agridyne, LLC in writing to automatically direct debit payments out of his/her account. Agridyne, LLC prepares the ACH file for the financial institution prior to the effective date of the payment. The financial institution then transmits the information to the customer account.

How to Enroll for Direct Payment:

1. Read and complete this Authorization Agreement allowing Agridyne, LLC to automatically debit your payment from either your checking, savings or money market account at your bank or financial institution 20 days after date of invoice.
2. Return the completed Authorization Agreement to Agridyne, LLC.

COMPANY INFORMATION

«Liquid_Company»	P.O. BOX 7510	SPRINGFIELD, IL 62791
Customer Account Number		

CUSTOMER INFORMATION

Name	Phone Number	Other
Street Address	City	State Zip
	Amount: Will differ depending on invoice owed	
Beginning Date:	Frequency and/or limitations:	

CUSTOMER BANK INFORMATION

Bank Name	Street Address	City State Zip
Comments:	Account # <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Transit Routing # (REQUIRED) ! : _ _ _ _ _ _ _ _ _ _ ! : This is found at the bottom of your checks between the markings shown.

I authorize Agridyne, LLC to debit my account with the financial institution I have indicated above. The financial institution is authorized to debit those payments from account(s) indicated.

This authority will remain in effect until I have given 30 days written notice of its termination. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I authorize my financial institution to make the appropriate adjustment.

Signature _____ Date _____

Return to: email avary@mix30.com, fax 217-787-5985, or mail to

Agridyne, LLC
PO Box 7510
Springfield, IL 62791

AUTHORIZATION AGREEMENT FOR CREDIT CARD PAYMENT

How Are Credit Card Payments Made?

The customer authorizes Agridyne, LLC in writing to charge the specified credit card. Agridyne, LLC will charge the credit card on the same day the invoice is created..

How to Enroll for Direct Payment:

1. Read and complete this Authorization Agreement allowing Agridyne, LLC to automatically charge your credit card on the date the invoice is created.
2. Return the completed Authorization Agreement to Agridyne, LLC.

CUSTOMER INFORMATION

Name		Phone Number		Other	
Credit Card Type					
VISA <input type="checkbox"/>		MasterCard <input type="checkbox"/>		American Express <input type="checkbox"/>	
Discover <input type="checkbox"/>					
Credit Card Number			Expiration Date		Security Code
Billing Address					
Street Address			City		State
					Zip

I authorize Agridyne, LLC to charge my credit card on the day of invoicing for the amount of the invoice.

This authority will remain in effect until I have given 30 days written notice of its termination. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I authorize my financial institution to make the appropriate adjustment.

Signature _____ Date _____

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