

AGRIDYNE, LLC
PO BOX 7510 | SPRINGFIELD, IL 62791
PHONE (800) 575-7585 Ext. 203 | FAX (217) 787-4303

NEW ACCOUNT INFORMATION & CREDIT REQUEST

To avoid delays in processing, fill out form completely. (Call with any questions)

ACCOUNT NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ MOBILE PHONE _____

FAX _____ EMAIL _____

PRINCIPAL LINE OF BUSINESS _____

NUMBER OF YEARS IN BUSINESS _____

WHO TO CONTACT ON ACCOUNT PAYMENTS _____

PHONE _____ BILLING EMAIL _____

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

_____ CORPORATION OWNER/PRESIDENT _____

_____ PARTNERSHIP - PARTNERS NAMES _____

_____ SOLE PROPRIETOR EMPLOYED BY _____

SPOUSES NAME _____

BANK REFERENCES

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

2. _____

TRADE REFERENCES

COMPANY NAME	ADDRESS	CONTACT NAME/PHONE #
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1. _____

2. _____

3. _____

(to avoid delays in processing & product shipment, names, addresses and phone #'s must be complete & accurate)

STORAGE TANK INFORMATION

SHIP-TO ADDRESS: _____; TANK LOCATION CONTACT: _____

TANK DIMENSION - Diameter: _____ Height: _____ Gallon Capacity: _____

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

AGITATION METHOD (Circle): PUMP or AIR. PUMP TYPE (ex. 2" centrifugal) _____

ARE TANKS EASILY ACCESSIBLE WITH A SEMI TANKER? _____

ARE THE TANKS ON A WEATHER ACCESSIBLE ROAD? (Circle) **Yes** or **No**; ROAD WEIGHT LIMIT? _____

DIRECTIONS TO TANK: _____

DELIVERY WINDOW (circle all that apply): 24 Hours | Daytime | Morning ONLY | Afternoon ONLY | OTHER _____

ADDITIONAL PERTINENT INFORMATION: _____

Number of head to be fed: Cows _____; Stockers _____; Growers _____; Feeders _____

ESTIMATED USAGE _____
e.g. - 1) 1000 cows @2.5 lbs./hd/day; 2) truckloads/month; 3) truckloads/year

TRADE TERMS

- 1. Each load is traded under a written contract (governed by National Feed & Grain Association rules) and each contract must be signed and returned.
- 2. 5 days minimum notice on orders is recommended to ensure timely delivery.
- 3. **PAYMENT TERMS** (see attached Payment Terms Sheet)
 - A. **ACH** – PULL or PUSH - Recommended method (Invoiced amount applied within 20 days of load ship date)
 - B. **CREDIT CARD** (Invoiced amount applied on the date of invoice)
- 4. **ACCOUNTS WITHOUT AN APPROVED CREDIT APPLICATION ARE PREPAY ONLY.**
- 5. **Overdue accounts are subject to a minimum 1-1/2% monthly finance charge & may become prepay or refused further shipment.**
- 6. Prices are subject to change without notice unless under contract.
- 7. *Less than full semi-truckloads* will be charged the full load freight rate unless otherwise specified.

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 (1 1/2 %) per month or (b) the maximum lawful rate permitted to be charged under the applicable state's law.

APPLICANT'S SIGNATURE _____ TITLE _____ DATE _____

Please print signature _____

APPLICANT'S SIGNATURE _____ TITLE _____ DATE _____

(Partner/Spouse) Please print signature _____



Payment Terms

1. All new customers are pre-pay prior to credit approval.
2. The payment terms on all new contracts are Net 20 Date of shipment (unless paying by credit card).
3. Funds can be applied in 1 of 2 ways:

METHOD 1 - ACH

ACH payments are processed through the customer's bank.

There are 2 types of ACH payments.

a. Customer initiated ACH (push) – the customer initiates an electronic payment to Agridyne. With this type of ACH the customer has total control over when the ACH will be processed. Payment can be scheduled for any day up to the due date of the invoice without incurring a finance charge.

To initiate an ACH payment to Agridyne the customer provides their bank with;

1. The Agridyne Bank Routing Number:
2. The Agridyne Account Number:
3. The amount of the payment.

b. Agridyne (pull) – Agridyne initiates an electronic payment 20 days after the ship date of a load of feed. The customer must fill out a one- time Authorization Form (attached), authorizing us to initiate an electronic payment 20 days after the ship date of a load. The Agridyne Authorization Forms is attached.

METHOD 2 – CREDIT CARD

Credit Cards payments will be charged at time of invoice. Fill out the Credit Card Authorization form if you wish to use this payment method.

4. Accounts with balances over 20 days but less than 30 days:
In order to receive another shipment, the customer has 1 of 2 options:
 - a. Wire transfer or ACH the amount of the outstanding invoice.
 - b. Apply the amount of the outstanding invoice to a credit card.
5. Accounts aged 30 days but less than 40 days:
The account will be charged 1.5% interest, compounded monthly, starting at 20 days. In order to receive another shipment, the customer has 2 options:
 - a. Wire transfer the entire account balance, including interest.
 - b. Apply the entire account balance, including interest to a credit card.
6. Accounts 40 days & over:
The account is suspended until the entire account balance including interest is paid in full. Any future loads will become prepay only.

MIX 30

AgriDyne, LLC • P.O. Box 7510 • Springfield, Illinois 62791

800-575-7585 EXT. 213 • www.mix30.com

PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE YOUR INVOICES

Send invoices via: (fill in **all** that apply)

- Email Email Address: _____
- Fax Fax Number: _____

PLEASE INDICATE HOW YOU INTEND TO PAY ON YOUR INVOICE/ACCOUNT (for ACH or Credit Card, please fill out the appropriate authorization form)

Pay invoices via: (please check one)

- ACH (push) – Funds to be sent by you within 20 days from date of shipment.
- ACH (pull) – Funds to be withdrawn by AgriDyne 20 days from date of shipment. (Please return Authorization Agreement for Direct Payment form if doing an ACH-pull).
- Credit Card – Card to be charged at time of invoicing. (Please return the Authorization Agreement for Credit Card Payment form)

Signature: _____ Date: _____

Please return via email, fax or mail to:

Email: cedmonson@mix30.com

Fax: 217-787-4303 (Attn: Carrie Edmonson)

Mailing: AgriDyne, LLC PO Box 7510 Springfield, Illinois 62791

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH)

How Are Direct Payments Made?

The customer authorizes Agridyne in writing to automatically direct debit payments out of his/her account.

Agridyne 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 to automatically debit your payment from either your checking, savings or money market account at your bank or financial institution at 20 days from date of shipment.
2. Return the completed Authorization Agreement to Agridyne.
- 3.

CUSTOMER INFORMATION

Name	Phone Number	Other
Street Address	City	
	State	Zip

CUSTOMER BANK INFORMATION

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

I authorize Agridyne 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 cedmonson@mix30.com, fax 217-787-4303, 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 Credit Card 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 _____

Return to:

Email - cedmonson@mix30.com, Fax - 217-787-4303, or Mail - Agridyne, LLC
PO Box 7510
Springfield, IL 62791