**Agridyne, LLC**

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

**NEW ACCOUNT INFORMATION & CREDIT REQUEST**

**To avoid delays fill out form completely f**

**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**

**EMAIL**

**CONTACT NAME/PHONE #**

**1.**

**2.**

**TRADE REFFERENCES**

**COMPANY NAME ADDRESS**

**EMAIL**

**CONTACT NAME/PHONE #**

**1.**

**2.**

**3.**

(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 I Daytime I Morning ONLY I Afternoon ONLY I 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 working days minimum notice on orders is recommended to ensure timely delivery.**
3. **PAYMENT TERMS {see attached Payment Terms sheet}**
	1. **ACH recommended method (invoiced amount applied within 20 days of load ship date.**
	2. **CREDIT CARD {must be on file, and 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 ½ %) per month or (b) the maximum lawful rate permitted to be charged under the applicable state's law.

APPLICANT'S SIGNATURE

Please print signature

**TITLE**

**DATE**

APPLICANT'S SIGNATURE TITLE DATE

(Partner/Spouse} Please print signature

**MIX30**

***THE HIGH ENERGY UQUID FEED.***

**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 with a Credit Card).**
3. **Funds can be applied in 1 of 2 ways:**

**METHOD 1 - ACH**

**ACH payments are processed through the customer's bank.**

**PSC initiated ACH- PSC 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 PSC 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.**

1. **Accounts with balances over 20 days but less than 30 days:**

**In order to receive another shipment, the customer has 1 of 2 options:**

* 1. **Wire transfer or ACH the amount of the outstanding invoice.**
	2. **Apply the amount of the outstanding invoice to a credit card.**
1. **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:**

* 1. **Wire transfer the entire account balance, including interest.**
	2. **Apply the entire account balance, including interest to a credit card.**
1. **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.**

**M:\MIX 30 Credit lnfo-customers\COMPANY CREDIT APPLICATION FORMS\PLSPIL\2 Payment Tenns.docx**



**Plains States Commodities, LLC • P.O. Box 7510 Springfield, IL 62791**

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# PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE YOUR INVOICES

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

**D 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 - Funds to be withdrawn by Plains States Commodities 20 days from date of shipment. Please return Authorization Agreement for Direct Payment form**
* **Credit Card - Card to be charged at time of invoicing. (Please return the Authorization Agreement for Credit Card Payment form)**

**Your email address:**

**Signature:**  **Date:**

**Please return via email, fax or mail to:**

**Email:** **cedmonson@mix30.com**

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

**Mailing: Plains States Commodities, LLC PO Box 7510 Springfield, Illinois 62791**

**3 Plains States Payment Authorization FOllil.doc**

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**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH)**

**How Are Direct Payments Made?**

**The customer authorizes Plains States Commodities in writing to automatically direct debit payments out of his/her account.**

**Plains States Commodities 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 Plains States Commodities 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 Plains States Commodities. 3.**

# CUSTOMER INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Name I Phone Number** |  | **I** | **Email address** |
| **Street Address** | **City** |
| **State** | **Zip** |

**CUSTOMER BANK INFORMATION**

|  |  |
| --- | --- |
| **Bank Name** | **Street Address** |
| **City** | **State****Acc01mt#****Other** | 0 **CSahvecinkinggs** | **Zip****Transit Routing # (REQUIRED)**I : ---------• :**bThetwis eisenfotuhnedmarat tkinhe gbos ttshoomwonf. your checks** I |
| **Phone Number** |
|  |  |

**I authorize Plains States Commodities 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 Plains States Commodities,**

**PO Box 7510**

**Springfield, IL 62791**

**4 Plains States ACH Authorization Form.doc**

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**AUTHORIZATION AGREEMENT FOR CREDIT CARD PAYMENT**

**How Are Credit Card Payments Made?**

**The customer authorizes Plains States Commodities, LLC in writing to charge the specified credit card. Plains States Commodities, 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 Plains States Commodities, LLC to automatically charge your credit card on the date the invoice is created.**
2. **Return the completed Authorization Agreement to Plains States Commodities, LLC.**

# CUSTOMER INFORMATION

Name

Phone Number Other

Credit Card Type

V□ISA

I **MasterC**□ **ard**

I **American**□**Express** I

Dis□cover

Credit Card Number Expiration Date Security Code

Billing Address

Street Address City State Zip

**I authorize Plains States Commodities, 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- Plains States Commodities, LLC**

**PO Box 7510**

**Springfield, IL 62791**

S Plains States Credit Card Authorization form.doc