



P. O. Box 190, 12389 Hwy 24 East, Davisboro, Ga., 31018 (478) 247-0377

SALES CUSTOMER APPLICATION – REVISED 03/22/18

Page 1 of 3

LEGAL, FULL NAME OF ACCOUNT OWNER:

FOR INDIVIDUAL/PERSONAL ACCOUNTS: *(This is the name on your birth certificate.)*

First _____ Middle _____ Last _____

SOCIAL SECURITY # _____

- OR -

FOR BUSINESS ENTITY ACCOUNTS: *(Legal name to which the IRS issued a federal tax id#)*

FEDERAL TAX ID# _____

FOR BUSINESS ENTITIES, CHECK TYPE OF ENTITY: SOLE PROPRIETORSHIP _____
PARTNERSHIP _____ CORPORATION _____ LLC _____ OTHER (Specify) _____

NAMES & TITLES OF PEOPLE LEGALLY AUTHORIZED TO INCUR DEBT ON BEHALF OF ACCOUNT OWNER: _____

COMPLETE MAILING ADDRESS: _____

SHIP TO ADDRESS (if different from mailing) _____

PHONE #: _____ **FAX #:** _____

EMAIL ADDRESS: _____

BANK INFORMATION:

Name of Bank: _____ **Account #** _____

Bank Account Contact person: _____

CREDIT REFERENCES: Provide 3 references from businesses not related to your business as a subsidiary, a parent company or through any common ownership.

1st Reference
Name: _____

Address: _____

Phone #: _____

Account #: _____ **#of years involved with this reference:** _____



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SALES CUSTOMER APPLICATION – REVISED 03/22/18
Page 2 of 3

2nd Reference
Name: _____

Address: _____

Phone #: _____

Account #: _____ **#of years involved with this reference:** _____

3rd Reference
Name: _____

Address: _____

Phone #: _____

Account #: _____ **#of years involved with this reference:** _____

ACCOUNT OWNER'S CERTIFICATION OF INFORMATION

UNDER PENALTIES OF PERJURY, I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION WHICH I HAVE THIS DAY PROVIDED TO AGROWSTAR ON THIS FORM IS COMPLETE, ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

I, AS THE ACCOUNT OWNER OR AS A DULY AUTHORIZED REPRESENTATIVE OF THE ACCOUNT OWNER, UNDERSTAND AND AUTHORIZE THIS APPLICATION AS WRITTEN AUTHORIZATION FOR AGROWSTAR TO MAKE INQUIRES OF THE LISTED BANK AND CREDIT REFERENCES REGARDING THE CREDIT HISTORY OF THE ACCOUNT HOLDER.

I FURTHER ACKNOWLEDGE AND AGREE THAT PAYMENT FOR ALL GOODS & SERVICES PURCHASED FROM AGROWSTAR IS DUE IN FULL VIA ACH TRANSMITTAL OR WIRE UPON RECEIPT OF SAID GOODS & SERVICES. UNLESS ADVANCE ARRANGEMENTS ARE MADE FOR ELECTRONIC PAYMENTS INITIATED BY THE ACCOUNT OWNER, AGROWSTAR IS HEREBY AUTHORIZED TO INITIATE AN ELECTRONIC PAYMENT VIA EFT/ACH TRANSACTIONS. BANK ROUTING INFORMATION WILL BE PROVIDED TO AGROWSTAR ON PAGE 3 OF THIS FORM.

Signature: _____

Title: (Please print) _____

Date: _____



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Page 3 of 3

AUTHORIZATION FOR ELECTRONIC PAYMENT TRANSACTIONS

As a customer of AGROWSTAR LLC, I hereby authorize AGROWSTAR LLC to initiate a CREDIT entry (for *grain payables customers*) or a debit entry (for *grain receivables customers*) to the bank account of: (Name on account with bank.)

AGROWSTAR LLC is also hereby authorized to initiate adjustments, if necessary, for any transactions credited or debited in error. This authorization will remain in effect until AGROWSTAR LLC is notified ***in writing*** by the account owner (or a legally authorized representative of the account owner) to cancel the authorization in such time as to afford AGROWSTAR LLC a reasonable opportunity to process a request.

NAME OF FINANCIAL INSTITUTION:

FINANCIAL INSTITUTION'S ROUTING/TRANSIT NUMBER: _____

ACCOUNT NUMBER for EFT TRANSACTIONS: _____

EMAIL ADDRESS FOR EFT NOTIFICATIONS: _____

PLEASE **PRINT NAME AND TITLE** OF PERSON SIGNING THIS FORM:

SIGNATURE OF ACCOUNT OWNER OR LEGALLY AUTHORIZED REPRESENTATIVE :

DATE: _____

**PLEASE ATTACH EITHER A COPY OF A VOIDED CHECK OR A SIGNED LETTER
FROM YOUR FINANCIAL INSTITUTION WHICH CONFIRMS BOTH THE
BANK'S ROUTING NUMBER AND YOUR ACCOUNT NUMBER.**