

Harvey's Commodities, LLC
729 WEST MAIN STREET
P.O. Box 189
CARSON CITY, MICHIGAN 48811
Phone Number 989-584-3641 Email: credit@harveymilling.com
CUSTOMER CREDIT APPLICATION

NAME: _____ PHONE: _____
STREET ADDRESS: _____ EMAIL: _____
CITY: _____ STATE: _____ ZIP: _____ FAX: _____
BILLING ADDRESS: _____ YEARS IN BUSINESS: _____
City: _____ STATE: _____ ZIP: _____
AMOUNT OF CREDIT REQUESTED: \$ _____ ANNUAL SALES: \$ _____
PLEASE CHECK IF A: _____ CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____ LC
FEDERAL ID NUMBER (FEIN): _____ STATE TAX ID NUMBER: _____

PLEASE LIST PRIMARY COMPANY OFFICERS/PRINCIPALS/PARTNERS/LLC MEMBERS/PROPRIETORS

NAME 1: _____ **TITLE:** _____ **EMAIL:** _____
HOME ADDRESS: _____ **PHONE:** _____
NAME 2: _____ **TITLE:** _____ **EMAIL:** _____
HOME ADDRESS: _____ **PHONE:** _____

PLEASE PROVIDE YOUR BANKING INFORMATION

BANK NAME: _____ **ACCOUNT#:** _____
BRANCH ADDRESS: _____ **CITY/STATE/ZIP:** _____
BANK CONTACT NAME: _____ **PHONE:** _____ **EMAIL:** _____

PLEASE PROVIDE THREE TRADE REFERENCES

TRADE REFERENCE 1: _____ **CONTACT:** _____
PAYMENT ADDRESS: _____ **CITY/STATE/ZIP:** _____
PHONE: _____ **EMAIL:** _____ **ACCOUNT#:** _____
TRADE REFERENCE 2: _____ **CONTACT:** _____
PAYMENT ADDRESS: _____ **CITY/STATE/ZIP:** _____
PHONE: _____ **EMAIL:** _____ **ACCOUNT#:** _____
TRADE REFERENCE 3: _____ **CONTACT:** _____
PAYMENT ADDRESS: _____ **CITY/STATE/ZIP:** _____
PHONE: _____ **EMAIL:** _____ **ACCOUNT#:** _____

TERMS OF SALE ARE COD PRIOR TO CREDIT APPROVAL AND NET 10 DAYS UPON CREDIT APPROVAL

TERMS OF SALE FOR EACH PURCHASE ARE AGREED TO BE THOSE SPECIFIED ON THE FACE OF EACH INVOICE. THE CUSTOMER HEREBY AGREES TO PAY ALL SERVICE CHARGES DUE TO LATE PAYMENT AND ALL COSTS OF COLLECTION OR LEGAL FEES SHOULD SUCH ACTION BE NECESSARY DUE TO NON-PAYMENT. THE ABOVE INFORMATION IS WILLINGLY SUPPLIED AND YOU AUTHORIZE HARVEY MILLING CO, INC., AND SUBSIDIARIES (HARVEY'S) TO CONTACT THE ABOVE BANK AND TRADE REFERENCES IN ORDER TO ESTABLISH THE CREDITWORTHINESS OF THE ABOVE NAMED ENTITY. YOU AUTHORIZE HARVEY'S TO OBTAIN CREDIT REPORTS ON SHAREHOLDERS, PROPRIETORS, PARTNERS, LLC MEMBERS OR PRINCIPALS LISTED IN THIS APPLICATION. ALL DECISIONS WITH RESPECT TO THE EXTENSION OR CONTINUATION OF CREDIT SHALL BE THE SOLE DISCRETION OF HARVEY'S, AND HARVEY'S, WITHIN ITS SOLE DISCRETION, MAY TERMINATE ANY CREDIT AVAILABILITY AT ANY TIME WITHOUT NOTICE. DISPUTES ARISING FROM THIS AGREEMENT WILL BE RESOLVED BY ARBITRATION BY THE AMERICAN ARBITRATION ASSOCIATION AT MONTCALM COUNTY, MICHIGAN. THE LOSING PARTY SHALL PAY ALL ARBITRATION EXPENSES, INCLUDING ALL ATTORNEY'S FEES. I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS, AND HEREBY AGREE TO THEM:

APPLICANT'S NAME: (PRINT) _____ **TITLE:** _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

APPLICANT'S CELL PHONE: _____ **APPLICANT'S EMAIL:** _____

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ALL CREDIT APPLICANTS MUST COMPLETE THE FOLLOWING PERSONAL GUARANTY

NAME OF BUSINESS ENTITY: _____

THE UNDERSIGNED, FOR CONSIDERATION, DO HEREBY INDIVIDUALLY AND PERSONALLY GUARANTEE THE FULL AND PROMPT PAYMENT OF ALL INDEBTEDNESS TO HARVEY MILLING CO., INC., AND SUBSIDIARIES (HARVEY'S) HERETOFORE OR HEREAFTER INCURRED BY THE ABOVE NAMED BUSINESS ENTITY. THIS GUARANTEE SHALL NOT BE AFFECTED BY THE AMOUNT OF CREDIT EXTENDED OR ANY CHANGE IN THE FORM OF SAID INDEBTEDNESS. NOTICE OF THE ACCEPTANCE OF THIS GUARANTEE, EXTENSION OF CREDIT, MODIFICATION IN TERMS OF PAYMENT AND ANY RIGHT OR DEMAND TO PROCEED AGAINST THE PRINCIPAL DEBTOR IS HEREBY WAIVED. THIS GUARANTEE MAY ONLY BE REVOKED BY WRITEN NOTICE WHICH SHALL BE SENT TO HARVEY'S CREDIT OFFICE BY CERTIFIED MAIL AND IS EFFECTIVE THE DATE RECEIVED BY HARVEY'S. ANY REVOCATION DOES NOT REVOKE THE OBLIGATION OF THE GUARANTORS TO PROVIDE PAYMENT FOR INDEBTEDNESS INCURRED PRIOR TO HARVEY'S RECEIPT OF THE REVOCATION. I AUTHORIZE THE SELLER AND THEIR ASSIGNS TO OBTAIN A CONSUMER CREDIT REPORT AND TO CONTACT MY REFERENCES AS NECESSARY. AS GUARANTOR, I AM ALSO BOUND BY THE HARVEY'S CUSTOMER CREDIT APPLICATION ARBITRATION CLAUSE.

GUARANTOR'S NAME:(PRINT) _____

SIGNATURE: _____

HOME ADDRESS: _____ CITY/STATE/ZIP: _____

DATE: _____ EMAIL ADDRESS: _____

GUARANTOR'S NAME: (PRINT) _____

SIGNATURE: _____

HOME ADDRESS: _____ CITY/STATE/ZIP: _____

DATE: _____ EMAIL ADDRESS: _____

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Customer Credit Application

ACH Debit/Credit Authorization

I (we) hereby authorize **Harvey's Commodities, LLC**, hereinafter called Company, to initiate debit/credit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit/credit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provision of U.S. law.

Financial Institution _____

Phone (if available) _____

Address _____

City _____ State _____ Zip code _____

Routing Number: _____

Account Number: _____

Account Name (ownership): _____

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Company Name _____ Federal ID Number _____

Address _____, City _____, State _____ Zip _____

Authorized Signature

Date

Authorized Signature

Date

Phone Number

Email Address

Please attach a voided check to this document.