



AGRONOMY | ENERGY | FEED | GRAIN | RETAIL

Account Application

Customer/Business Name _____ Tax ID / SSN _____
Billing Address _____ Delivery Address _____
City _____ State _____ Zip _____
Phone _____ Email _____ DOB _____

Sole Proprietorship Partnership Corporation

Owners/Partners _____
Authorized Users To Conduct Business _____
Accounts Payable Contact _____ Phone _____ Email _____
Monthly Business Amount _____ Type (check all that apply): Agronomy Feed Grain Fuel Other
Current Employer _____ Position _____ Time Employed _____

Bank Reference

Bank Name: _____ Bank Phone: _____
Bank Address: _____
Bank Contact: _____ Contact Email: _____

Business Reference #1

Name _____
City _____
State/Zip _____
Phone _____
Email _____

Business Reference #2

Name _____
City _____
State/Zip _____
Phone _____
Email _____

Business Reference #2

Name _____
City _____
State/Zip _____
Phone _____
Email _____

Applicant's Representations:

To the best of our knowledge and belief, the information given above is accurate and may be relied upon in making an account decision. The undersigned acknowledges receipt of the Five Star credit policy and agrees to all terms and conditions set fourth therein. The undersigned further authorizes all references (including bank references) to furnish information concerning the applicant's financial condition.

Personal Guarantee:

The undersigned in consideration for account privileges offered to the company/individual, do hereby agree to jointly, severally, and unconditionally guarantee payment of the purchases, all written and verbal contracts secured and unsecured, and any other sales transactions made by the company, individual, or any agent thereof on account, together with interest accrued thereon and any costs of collection. Guarantors waive notice of presentment, dishonor, or diligence in collection.

Signed _____ Date _____

Printed Name _____

If making tax exempt purchases, please include signed Tax-Exempt Certificate

Once completed, email form to: Accounting@fivestarcop.com

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