



CUSTOMER CREDIT APPLICATION

Main Office 712-478-4440
 E-MAIL jessem@lesterfg.com
 FAX 712-478-4539
 MAIL 206 Clinton street
 P.O. Box 120
 Lester, IA 51242

Individual / Company Name: _____ Type of Business: _____
 Billing Address: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____ Office #: _____ Fax #: _____
 Position or Title: _____ Cell #: _____ e-mail: _____
 Years In Business/Farming: _____ Is Your Location: Owned Leased Rented
 Requested Credit Limit Per Month: _____ Is Your Company a: Corporation Partnership Sole Proprietorship
 Limited Liability Company

Please list complete name, telephone number, and address of three trade suppliers and one bank reference

	BUSINESS NAME	CITY	STATE	PHONE	CONTACT PERSON
1					
2					
3					
Bank					

AUTHORIZATION TO RELEASE INFORMATION

Accounts requesting a credit limit less than \$2,500 per month - Terms are due on the 15th of the following month.
 Accounts requesting a credit limit greater than \$2,500 per month - Terms are ACH payments due on the 1st and the 15th of each month.
 I hereby agree to the terms of Lester Feed & Grain Co. and further agree that I will pay 18% APR monthly financed charge on amounts that exceed 30 days and that no products or services will be provided if my account is past due. Lester Feed & Grain Co. reserves the right to require prepayment or refuse service for any products or services at any time. The undersigned hereby also authorizes the credit department of Lester Feed & Grain Co. of Lester, IA to obtain information pertaining to accounts of deposits, credit obligations, financial statements, and all other matters which they may require in connection with my (our) request for an open line of credit. The undersigned hereby also grants authority to Lester Feed & Grain Co. to file a UCC-1 financing statement to perfect its interest in said products and services if necessary. This agreement will serve as a security agreement. The undersigned grants Lester Feed & Grain Co. permission to contact any banks, and or financial institutions, as may be required for an agricultural suppliers lien. The undersigned also further agrees to pay reasonable attorneys fees and all costs incurred for collection of any obligation owed to Lester Feed & Grain Co.

Signature: _____ Print: _____ Title: _____ Date: _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Approved By: _____ Date: _____ Customer Code: _____

LESTER FEED & GRAIN CO.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS / DEBITS)

Customer Name / Account Name: _____

I (we) hereby authorize Lester Feed & Grain Co, to initiate credit and debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit / debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account #: _____

This Authorization is to remain in full force and effect until Lester Feed & Grain Co. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford LESTER FEED & GRAIN CO. and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____
(Please Print)

Date: _____ Signature: _____