

Dearwester Grain Services Inc. / Nutrition Services Inc.

105 E. Marion St.

Clayton, IL 62324

Phone: 217-894-6561

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Application for Credit

Applicant shall pay the full amount of the invoice(s) when due, which is net 10 days (depending on credit limit).

Payment will be made by ACH electronic funds transfer, transfer will be initiated by Dearwester Grain Services Inc.

When customer has invoices past 30 days due, Nutrition Services, Inc. will no longer sell or provide feed to customer until their account is current, which is net 10 days

If payment in full is not received by the due date, applicant shall owe, in addition to the invoice amount, a late fee of 2% per month, or the maximum allowed by law, on all unpaid balances, plus costs of collection, including attorney's fees, court costs, and collection fees that Nutrition Services Inc., may incur in recovering the amount owed.

Date: _____ E-Mail _____

Person or Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Type of Business: _____

Individual making application: (print) _____

Signature: _____ Position: _____

How long has Company / Farm been in business: _____

Banking information: Name _____

Address _____

Telephone _____

Amount of credit desired? _____

References: List at least three, must include telephone numbers. Include only companies whose monetary and purchase volume will be comparable with this application.

Company	Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

AGREEMENT

This applicant certifies that the information contained herein is true and correct, and further agrees that Nutrition Services, Inc. may turn to a credit-reporting bureau for verification of the information provided
Applicant acknowledges receipt of and agrees hereafter to accept Nutrition Services, Inc. terms and conditions of sale.

Signature: _____ Date: _____

Print Name: _____ Title: _____