

New Customer Set-Up Packet

641-484-2220

Customer	
Name	
Date	

Thank you for your request for credit. We value our customers and want to make sure we have all the information to process your orders in a timely manner.

Please complete the following information and return to us as soon as possible:

- Credit Application Completed & signed, or your Trade Reference Sheet along with the signed Credit Application.
- 2 Customer to provide Iowa Premium with Financial Statement
- 3 Uniform Sales & Use Tax Certificate
- 4 Customer Contact List
- 5 Signed Credit Agreement

Thank you again for your business. We look forward to a long lasting relationship of providing you the best corn feed, family farm raised, premium Black Angus Beef. Should you have any questions, please contact your sales person or myself.

Sincerely,

Emily Wauters Credit and Claims Manager

ar@iowapremium.com

ewauters@iowapremium.com

3337 L Avenue • Tama, IA 52339 Office: 641-484-2220, Ext. 2306

www.iowapremium.com

Payment Terms - NET 7



Iowa Premium LLC

3337 L. Avenue Tama, IA 52339 641-484-2220

641-484-2220 www.iowapremium.com

Commercial C	redit Application
Name	Requested Credit Limit
Address	· · · · · · · · · · · · · · · · · · ·
City	Monthly Sales Estimate
State	Financial Statement Attached
Credit Manager	D&B Number
PhoneFax	In Business Since
The state of the s	Business Bada analain
Sole Proprietor Corporation	Partnership State
CAB Licensed Y/N	Sidie
PO Required Y/N	
	Information
	consible for Business Transactions:
Name	Name
Address	Address
Phone Number	Phone Number
Title	Title
If Division/Subsidiary	Name of Parent Company
Pank D	eferences
Institution Name	Contact
Account #	Title
Address	Account Type
Phone #	
Institution Name	Contact
Account #	Title
Address	Account Type
Phone #	<u>- </u>
	Account Council Since
Company Name Phone	Account Opened Since Credit Limit
Address	Current Balance
Fax	Terms
Contact Name	
Company Name	Account Opened Since
Phone	Credit Limit
Address	Current Balance
Fax	Terms
Contact Name	
Company Name	Account Opened Since
Phone	Credit Limit
Address	Current Balance
Fax	Terms
Contact Name	
I hereby certify that the information contained herein is complete and a that it is to be used to determine the amount and conditions of the crinstitutions listed in this credit application to release necessary inform verify the information	redit being extended. Furthermore, I hereby authorize the financial ation to the company for which credit is being applied for in order to
Signed	Print Name
Company Name	Title
Date	

www.iowapremium.com

Phone Number

Fax Number

E-mail address



Contact

Buyer # 1

Buyer # 2

Buyer # 3

Receiving

QA

Accts. Payable

Name

Comments	Order Confirmations	Invoices	Bill Of Lading	Weight Manifest	COA
Comments	Oomminations	IIIVOICCS	Dill Of Lauring	Warmost	00/
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Comments			<u> </u>		
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Comments				•	
Comments	Cor	mmonte			
		illiterits			

COA Contact					
Receiving Hours	Days	A.M.Hours	P.M.Hours		Сог
Bill to Information			Ship to Informat	ion	
Name			Name		
PO Box			Street 1		
Street 1			Street 2		
Street 2			City		
City			State		
State			Zip		
Zip					



3337 L. Avenue Tama, IA 52339

641-484-2220

Credit Agreement: **NET 7 TERMS**

Business/Individual Name	
Telephone	
Billing Address	
City, State, Zip	
Phone	
Contact Email	
Expected Monthly Purchases \$	
the day of shipment. The undersigned agree	remium LLC's credit policy is as follows: Net 7 terms beginning es to pay the account promptly as it becomes due and payable.
nue	
Date	
Application for Credit Denied or Accepted	Credit Limit \$
Approved By:	Date:

Wire/ACH Instructions

Bank Name/Address:

Bank of the West 1977 Saturn St Monterey Park, CA 91755

Bank Routing/ABA #

121100782

Beneficiary Name/Address

Iowa Premium, LLC. 3337 L Ave Tama, IA 52339

Beneficiary Account Number/General Operating Purpose

36222174

Contact Information:

916-552-4489

Please send all ACH notifications to: ar@iowapremium.com

Payment Terms - Net 7