

Grain Vendor Form



Contact Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Mobile Phone: _____

Fax: _____

Email: _____

Would you like to be signed up for market updates and receiving hours? (Please select one)

Text Email Both

How would you like to receive grain settlements? (Please select one)

Electronic Portal Email Both

Please Select One Entity Structure:

Individual Legal Name
Social Security Number: _____

Corporation not subject to receipt of Form 1099 Misc.
Federal ID Number: _____

Partnership
Federal ID Number: _____

Payment Method

Payment by ACH or Wire Transfer **** (Please attach a copy of a voided check for verification) ****

Bank Name: _____

Routing Number: _____

Account Number: _____

Name on account: _____

By signing and completing the enclosed form, you authorize Shell Rock Soy Origination LLC (SRSO), its subsidiaries and affiliates to make future payments relating to grain settlement via ACH Transfer if selected above. SRSO if necessary, can initiate debit entries and adjustments for any credit entries in error. This authority will remain in effect until termination upon 30 days written notice by either Vendor or SRSO.

Authorized Signature: _____

Date: _____

Title: _____