

## **AgroLiquid Advance Request**

## Finance Program

AgroLiquid Rep Name

Street Address City, State, ZIP Code

Loan Holder's Name

City, State, ZIP Code

Street Address

[Phone] [Fax]

e-mail

Phone

Crop Year:

Funds Request Date :

Requested By:

Funds Delivery Request: ACH Transfer

Product/ Service Category

Fertilizer Fert

Crop Protection CP

Application App

Seed Seed

**Product /Service Category** Line Total **Invoice Number** Sales Description Fert **TOTAL** \$ 0.00

## THANK YOU FOR YOUR BUSINESS!

Prime Interest Rate (Per Wall Street Journal) will be assessed as of the date of the advancement, which may be made prior to delivery or receipt of merchandise. Total advancement amount, plus any accrued interest, and/or other charges is due in full by loan maturity date. If you fail to pay the balance on or before the maturity date, interest will be assessed thereafter at Prime + 1%. The financing of this transaction is subject to the terms as stated in the AgroLiquid Financing's Loan Commitment.

Please submit form and Grower's invoice to grower.finance@agroliquid.com, if you have any questions please call: 989-292-4707.

