

AGRICULTURAL COMMODITIES BOURSE, INC.

Grower On-board Application

Business Name and Location

Company Name: _____

Company Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Check if mailing address is same as above:

Company Name: _____

Company Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Check if location of books and financial records is same as above:

Company Name: _____

Company Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Check if there are no other offices or locations:

Company Name: _____

Company Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Company Phone: _____ Alt Phone: _____ Company Fax: _____

Email: _____ Website: _____

AGRICULTURAL COMMODITIES BOURSE, INC.

Business Organization

Type of Legal Entity: C Corp S Corp LLC

Origination of Date of Legal Entity: _____ State Legal Entity Originated: _____

County Legal Entity Originated: _____

Tax ID # (TIN): _____ PACA Lic. Number: _____

Signature Authority (Please print the names of the individuals authorized to execute all documents)

The above persons are authorized to act singly. If there are exceptions, please indicate.

Owners & Key Personnel

Please list all persons or entities that have an ownership interest.

Name: _____ Title: _____

SSN: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ % Ownership: _____

Name: _____ Title: _____

SSN: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ % Ownership: _____

Name: _____ Title: _____

SSN: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ % Ownership: _____

AGRICULTURAL COMMODITIES BOURSE, INC.

Trading Information

Person authorized to quote and confirm prices and accept purchase orders.

Sales Contact Name: _____

Email: _____

Phone: _____

Sales Contact Name: _____

Email: _____

Phone: _____

Invoicing Contact – person responsible for pricing.

Contact Name: _____

Email: _____

Phone: _____

Bill of Lading – person responsible for arranging loads for pickups.

Contact Name: _____

Email: _____

Phone: _____

Food Safety Information

Grower Product Profile –
Please provide an overall description of the commodities you offer, any special grow processes, etc.

Summary of Food Safety –
Please include traceability for field, warehouse, and transportation.

Traceability Information

Inventory Person at Farm: _____ Email: _____

Phone: _____

Fax: _____

Inventory Person at Warehouse: _____ Email: _____

Phone: _____

Fax: _____

Description of Inventory System:

Name of Software:

AGRICULTURAL COMMODITIES BOURSE, INC.

Transportation Provider Information

Transportation Company Name: _____

Contact: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Transportation Company Name: _____

Contact: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Warehouse Information

Inventory Person Contact: _____ Email: _____

Phone: _____ Fax: _____

Inventory System Used: _____ Website: _____

Contract Agreement

The undersigned represents and warrants to Agricultural Commodities Bourse, Inc. that the information provided in this application is true and correct. If any of the information contained in this application subsequently becomes false, the undersigned agrees to provide Agricultural Commodities Bourse, Inc. with prompt notice of any changes the information provided.

Company: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____