



Grower Vendor Data Information

Name _____

DBA _____

Choose One

☐ Majority Shareholder (Operator)

☐ Minority Shareholder (Landowner)

The **majority shareholder's** name is _____

Physical Address _____

City _____ State _____ Zip _____

Telephone # _____ ☐ By checking this box, I agree to receive text messages from PureField Ingredients grain marketing team.

Remit to Address _____

City _____ State _____ Zip _____

Majority Shareholder (Operator) Only

☐ I will have split loads. Please list other owners below or attach detailed information.

(Each owner will need a Grower Vendor Data form and W-9)

_____ Name	_____ Share	_____ Name	_____ Share	_____ Name	_____ Share
_____ Name	_____ Share	_____ Name	_____ Share	_____ Name	_____ Share
_____ Name	_____ Share	_____ Name	_____ Share	_____ Name	_____ Share

Direct Deposit Authorization (ACH Credit) Information is required to complete vendor setup process.

I, _____

authorize PureField Ingredients LLC to send an ACH credit to the account indicated below.

Account Type: Checking ☐ Savings ☐ Please provide a voided check

Bank Name _____

Bank Routing # _____

Account # _____

Email(s) _____

Signature _____

Date _____

All information must be completed to set you up as a vendor.

Return to one of the following:

Email: APRussell@PureField.com & Mattie.Rossi@PureField.com

Fax: (785) 261-0353