



RIVER VALLEY COOPERATIVE

Site Address:
254 E. 90th Street
Davenport, IA 52806

Mailing Address:
P.O. Box 256
Eldridge, IA 52748

Phone: 866.962.7820
www.rivervalleycoop.com

GRAIN ACCOUNT APPLICATION

All information given will be treated confidentially.

Return complete application to PO Box 256, Eldridge, IA 52748, Fax (563) 285-8457, or email accountsreceivable@rvc.ag

Customer Account Details

First Name	MI	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Legal Business Name	DBA		
<input type="text"/>	<input type="text"/>		
Mobile Phone Number	Secondary Phone Number		
<input type="text"/>	<input type="text"/>		
Billing Address			
<input type="text"/>			
City	State	County	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Questions

- Would you like to be invited to the Grower Portal for online access to view and pay invoices, review past purchases, order products, request quotes and view plans? Yes _____ No _____
- Would you like to receive your invoices and statements via email? Yes _____ No _____
- Would you like to have your grain settlements emailed to you? Yes _____ No _____
- Would you like to sign up for direct deposit for grain check? Yes _____ No _____
- Would you like to subscribe to MarketEdge for daily a.m. and p.m. market commentary emails? Yes _____ No _____
- Would you like to authorize anyone else to have access to this account? Yes _____ No _____

Acknowledgement of Accuracy

I confirm that all information and documents provided in my application(s) are true, complete, and accurate to the best of my knowledge at the time of submission.

I understand that providing false, misleading, or incomplete information may result in my application being rejected or any related decision being withdrawn.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Owner Signature	Account Owner Name (Printed)	Date