



GRAIN BUYER REGISTRATION

Indiana Grain Indemnity Corporation
 101 West Ohio Street, Ste 1200
 Indianapolis, Indiana 46204
 Phone: (317) 232-1356
 Fax: (317) 232-1362

Pursuant to I.C. 26-4, beginning May 1, 1996, a grain buyer shall register with the Indiana Grain Indemnity board. A grain buyer that is not a state or federal licensed warehouseman shall pay a registration fee of one hundred dollars (\$100.00). a buyer of grain who buys less than fifty thousand (50,000) bushels of grain annually for the buyer's own use as seed or feed is not required to register.

All qualifying firms must complete and return this form.

| | | | |
|---|--------|-------------|---------|
| Company or Buyer's Name: | | | |
| Contact Person: | | | |
| Address (Street and P.O. Box): | | | |
| City: | State: | Zip: | County: |
| Telephone Number (including Area Code): | | Fax Number: | |
| Federal I.D Number or Social Security Number: | | | |

List all additional Indiana buying facilities where you buy grain from producers: *(attach another sheet if necessary)*

| | | | |
|---|--------|-------------|---------|
| Company or Buyer's Name: | | | |
| Address (Street and P.O. Box): | | | |
| City: | State: | Zip: | County: |
| Telephone Number (including Area Code): | | Fax Number: | |
| Company or Buyer's Name: | | | |
| Address (Street and P.O. Box): | | | |
| City: | State: | Zip: | County: |
| Telephone Number (including Area Code): | | Fax Number: | |
| Company or Buyer's Name: | | | |
| Address (Street and P.O. Box): | | | |
| City: | State: | Zip: | County: |
| Telephone Number (including Area Code): | | Fax Number: | |

Please check one:

- I am an Indiana licensed warehouseman. License number _____. No fee required
- I am licensed under the U.S. Warehouse Act. License number _____. No fee required
- I am registering as a grain buyer;

\$100.00 fee enclosed and made payable to the Indiana Grain Indemnity Fund.

I hereby certify that the information provided herein is true and complete.

| | | | |
|-----------------------|---------|----------|----------------|
| Authorized Signature: | | Date: | |
| Printed Name: | | | |
| FOR OFFICE USE ONLY | Amount: | Check #: | Transaction #: |
| | | | Initials: |