



# ON-FARM STORAGE PROGRAM 2024

**Have you considered adding liquid fertilizer storage to your farm as a way to hedge input costs, but hesitated at the initial investment?**

AgroLiquid wants to help you secure those storage assets with our On-Farm Storage Program.

The two biggest obstacles to navigate with crop nutrition is that everyone wants product at the same time, causing delivery delays, and the fertilizer market can be volatile. Having storage available on your farm can help minimize those hurdles.

A commitment to purchase and take delivery of the best crop nutrition products on the market will earn you a graduated rebate per storage gallon to be applied towards the cost of a new poly liquid fertilizer storage tank, appropriately sized to meet the needs of your farming operation.

Tank size	Gallon requirement	Reimbursement/gallon	Maximum number of Tanks
1,500 gal	3,000	\$0.15	3
2,000 gal	4,000	\$0.15	3
3,000 gal	6,000	\$0.20	2
5,000 gal	8,000	\$0.20	2
10,000 gal	13,000	\$0.30	1

Contact your AgroLiquid representative for more information.



Orders must be placed between October 1, 2024 and March 31, 2025.  
 Standard payment terms apply.  
 Qualifying orders not to exceed 50/50 ratio nitrogen products.  
 Tank owner is responsible to comply with all local diking and containment requirements in their area.  
 Review On-Farm Storage Program Terms & Conditions for complete program details.  
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# 2024-2025 ON-FARM STORAGE PROGRAM

## Program Guidelines

*Effective October 1, 2024—March 31, 2025*

- Orders must be placed between October 1, 2024 and March 31, 2025
- Retail Partner’s standard payment terms apply
- Qualifying orders not to exceed 50/50 ratio of nitrogen products
  - Tank capacity must be equal to or greater than the total number of gallons used to calculate the rebate
  - Tank decals will be provided by AgroLiquid and must be applied to tanks in a visible location
- Product deadline for fertilizer delivery is dependent upon sales program of qualifying orders
- Participants AgroLiquid account must be current to receive reimbursement
- Program agreement, fertilizer invoice(s) and equipment invoice(s) must be signed and on file on or before March 31, 2025
  - Paid fertilizer invoice(s) must be provided to the Sales Program Administrator, once paid
  - The paid equipment invoice(s) must be provided to the Sales Program Administrator, once paid
- A completed Reimbursement Information Packet must be on file or completed to receive reimbursement
- Participants must purchase one of the tank sizes outlined below and commit to purchase no more than a 50/50 ratio of AgroLiquid Product between October 1, 2024—March 31, 2025.

Tank Sizes Allowed	Gallon Requirement 50/50	Reimbursement/ Gallon	Max # of Tanks
1,500	3,000	\$0.15	3
2,000	4,000	\$0.15	3
3,000	6,000	\$0.20	2
5,000	8,000	\$0.20	2
10,000	13,000	\$0.30	1

- ALL invoices and corresponding backup documentation must be emailed to the following:
  - [kayle.jakus@agroliquid.com](mailto:kayle.jakus@agroliquid.com)

**Please Direct Any Questions or Concerns To:**

**Kayle Jakus**

Email: [kayle.jakus@agroliquid.com](mailto:kayle.jakus@agroliquid.com)

Phone: 989.282.3499



# 2024-2025 ON-FARM STORAGE PROGRAM



Effective October 1, 2024—March 31, 2025

## Program Procedures:

- Place an order under any current published price list between October 1, 2024 and March 31, 2025. You also commit to supplying your crops with a purchase of any combination of AgroLiquid nitrogen, phosphorous, potassium, secondary and/or micronutrient products.
  - Product mixes may not exceed a 50/50 ratio of Non-nitrogen to Nitrogen.
  - All qualifying gallons are subject to program pricing of order. Any gallons not paid or delivered by the deadlines agreed to within order program are subject to re-pricing and/or cancellation.
- Retail Partner's standard payment terms apply. Product deadline for fertilizer delivery is dependent upon sales program of qualifying orders.
- The Retail Partner submits the completed Reimbursement Information Packet, Tank Purchase Agreement form and the proof of purchase invoice for the equipment and fertilizer.
  - Proof of Purchase invoice must contain: date of purchase, itemization of new components, verification of payment.
  - Once tanks have been purchased and set, the Retail Partner or AgroLiquid employee is responsible to assure that an AgroLiquid tank decal is visibly affixed to the tanks.
  - The new tanks that qualify for the rebate must equal or exceed the total number of gallons on which the rebate is calculated.
- Participants AgroLiquid account must be current to receive reimbursement
- Signed Agreement must be on file on or before March 31, 2025
- A completed Reimbursement Information Packet must be on file or completed to receive reimbursement.
  - The rebate will be issued directly to the grower once AgroLiquid has received all required documentation with verification that all fertilizer has been delivered and the Retail Partner has been paid according to the guidelines of the qualifying orders.
- Participants must purchase one of the tank sizes outlined below and commit to purchase no more than a 50/50 ratio of AgroLiquid Product between October 1, 2024—March 31, 2025.

Tank Sizes Allowed	Gallon Requirement 50/50	Reimbursement/ Gallon	Max # of Tanks
1,500	3,000	\$0.15	3
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- ALL invoices and corresponding backup documentation must be emailed to the following:
  - [kayle.jakus@agroliquid.com](mailto:kayle.jakus@agroliquid.com)

# 2024-2025 ON-FARM STORAGE PROGRAM



## Tank Purchase Agreement

### Retail Partner Information:

Retail Partner Signature: \_\_\_\_\_

Fertilizer Order Number(s): \_\_\_\_\_ Paid: \_\_\_ YES \_\_\_ NO

The owner of the tank will warrant compliance with all legal diking and containment requirements for their area that would apply to the tanks they purchased under the terms of this program and hold AgroLiquid indemnified from any liability resultant to improper tank placement or set-up.

### Grower Information:

Grower Name (Print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Delivery Address (If Different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Tank Information:

Tank Purchased From: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Tank Paid: \_\_\_ YES \_\_\_ NO

Tank Size: \_\_\_\_\_ # of Tanks: \_\_\_\_\_

### Statement of Agreement

In accordance with the terms and conditions set forth, I understand that I am responsible for all containment, freight, setting and plumbing costs associated with these tanks. I also warrant that the location of these tanks in in full compliance with all regulatory requirements for the there prescribed usage. During this commitment, I will not use the tanks to store anything but compatible AgroLiquid products.

\_\_\_\_\_ Date: \_\_\_\_\_

Customer Signature

\_\_\_\_\_ Date: \_\_\_\_\_

AgroLiquid Signature

Agreement MUST be signed and in place with the Sales Program Administrator between October 1, 2024 and March 31, 2025



## Reimbursement Information Packet

**To facilitate timely disbursement of payments, we kindly ask you to provide the following information. The required information and forms provided must be completed and returned to us in order to process.**

- The below Contact Details
- ACH Form (if desired)

	Contact Details
Check/ACH Payable to	
Address - Street	
City/Town	
State/Province	
Zip Code/Postal Code	
Country	
Telephone	
Email Address for Correspondence	
Desired payment currency (USD/CAD)	

### Payment Methods Available:

- ACH Payment (Attach) – PREFERRED METHOD with weekly payments
- Check Payment – Physical checks are issued on the Friday of the 3<sup>rd</sup> full week each month

**All invoices and corresponding backup documentation must be emailed to the following:**

- [kayle.jakus@agroliquid.com](mailto:kayle.jakus@agroliquid.com)

Please direct any questions or concerns to:

- [kayle.jakus@agroliquid.com](mailto:kayle.jakus@agroliquid.com)
- 989-282-3499



## AUTHORIZATION FOR ACH DEPOSIT

### *How ACH works:*

In place of a paper check your money will be deposited to the account of your choice. The amount of deposit will appear on your bank statement.

### *All you need to do is:*

1. Fill in name, financial institution name and location, and account information.
2. Mark the box indicating checking or savings account.
3. Enter remittance advice and addenda remarks if required.
4. Sign and date the form, and return to AgroLiquid's Accounting Department

### Authorization

I authorize COG Marketers, LTD (AgroLiquid) to initiate electronic credit entries and/or debit entries, and adjustments for any credit/debit entry errors to my bank account. I acknowledge that the origination of ACH transactions to my account must comply with provisions of the U.S. law. This authority will remain in effect until I have cancelled it in writing.

Business Name \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

Account Number \_\_\_\_\_ (  ) Checking (  ) Savings

Routing Number \_\_\_\_\_

Email Address for Remittance Advice \_\_\_\_\_

Remark to Note in the Addenda \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Accounting Staff

O: 989-227-3872

F: 989-224-3299

Email: [Accounts.Payable@agroliquid.com](mailto:Accounts.Payable@agroliquid.com)