





2024 Input Financing Program

Centerra Co-Op

This financing program allows **approved customers** to carry all eligible charges for fall, spring and summer crop inputs with Centerra Co-op. Purchases eligible for this program are seed, fertilizer, chemicals, agronomy services, liquid fuel and propane. Purchases must be made between September 1, 2023 - August 31, 2024. **Applicants must apply every year for this program.**

PROGRAM	FINANCE CHARGE	REQUIREMENTS
 Partner	Prime Plus 2%	25-75% agronomy needs purchased from Centerra Co-op
 Partner Plus	Prime Rate	75% agronomy needs purchased from Centerra Co-op
 Loyalty	1% Under Prime	100% agronomy needs purchased from Centerra Co-op
 Loyalty Plus	2% Under Prime	100% agronomy and 100% grain

*Rate Fixed at the time of signing final documents and approval.

FINANCING RATE

Your finance rate is determined by the percent of inputs purchased from Centerra. Your financing rate may be adjusted if you do not purchase the percentage of inputs and/or sell the percentage of grain to Centerra.

WHEN DO FINANCE CHARGES BEGIN?

Finance charges are calculated from the first day of the month following purchase.

DUE DATE ON LOAN BALANCE

January 15, 2025

PAPERWORK NEEDED TO APPLY

Application, balance sheet, note, contract, crop lien and an assignment of indemnity on crop insurance may be required.

APPLICATION DEADLINE

Application must be received by **MARCH 15, 2024**. No products can be charged on this program until the application is approved. All applications need to be emailed to credit@centerracoop.com or mailed to Centerra Co-op

Attn: Credit Department

813 Clark Ave.

Ashland, Ohio 44805

QUESTIONS?

For more information contact

Andrea Jenkins at 419-207-3661 or ajenkins@centerracoop.com

Roxanne Kaser at 419-207-3663 or rkaser@centerracoop.com



Loyalty = Less Interest

2024

813 Clark Avenue • Ashland, Ohio 44805 • 419-281-2153

THIS INFORMATION WILL BE TREATED IN A CONFIDENTIAL MANNER
ANNUAL RENEWAL REQUIRED.

Please print and completely fill out all information blanks so we may properly process your request.

Program Requested:

Partner

Partner Plus

Loyalty

Loyalty Plus

Please indicate which products you purchase from Centerra.

Seed Liquid Fuels Agronomy Services

Fertilizer Propane Grain, Buy/Sell

Chemical

Individual

Partnership

Incorporated

Married

Single

We are making this application and statement for the purpose of securing credit on account, and we represent that the information given herein is true and accurate. We authorize both financial institutions and suppliers to release any financial and credit information, known to them for the purpose of evaluating this application for credit. We agree to pay according to the terms of each account, and request the billings be made in the account name specified. By the signature(s) below, I/we agree to be bound by the Dealer's credit terms, and acknowledge receipt of a copy of the credit terms.

Account Name: _____

Name: _____ Account #: _____

Spouse Name: _____ Agronomist: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ County: _____

Social Security No.: _____ Birthdate: _____

Spouse/Cosigner Social Security No.: _____ Birthdate: _____

Federal I.D. No.: _____ **Email:** _____

Applicant's Signature: _____ Date: _____

Spouse/Cosigner Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

If a partnership or corporation, please give name, social security number and address of other owner(s).

Co-Applicant(s):

Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Social Security No.: _____

Birthdate: _____

Co-Applicant(s):

Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Social Security No.: _____

Birthdate: _____

Co-Applicant(s):

Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Social Security No.: _____

Birthdate: _____

NAME _____ YEARS FARMING _____

AMOUNT OF CREDIT NEEDED _____ ACRES OWNED _____ ACRES RENTED _____

PREVIOUS YEAR'S FARM INCOME (2022 SCHEDULE F, LINE 9) _____

DO YOU CARRY CROP INSURANCE? _____ COMPANY NAME _____

AGENT _____ PHONE _____ EMAIL _____

A. CROP PLANNING INFORMATION Must be filled out completely.

Crop	Acres	Estimated Yield	Total Production	(Less) Prod. Used For Feed	(Less) Landlord's Share	Net Production	Insurance Coverage MPCl, CRC, etc. Type %	Expected Price	Total Crop Value
								Total Crop Value	

B. FINANCIAL INFORMATION

Projected Income Statement: Crop Sales (See Crop Planning Information)	
Plus: Livestock & Dairy Sales	+
Plus: Government Program Payments, Crop Insurance & Other Farm Income	+
Equals Subtotal: Gross Farm Income	=
Less: Farm Operating Expenses	-
Plus: Non-Farm Income	+
Equals Total: Net Earnings	=

C. BALANCE SHEET Must attach a current balance sheet prepared within 90 days or fill out section C completely.

Assets (Itemize on Schedule)		Liabilities (Itemize on Schedule)	
1. Cash, Checking & Savings Accounts.....	\$ _____	1. Accounts Payable.....	\$ _____
2. Accounts Receivables.....	_____	2. Credit Cards.....	_____
3. Livestock		3. Operation Loans.....	_____
a. Dairy Cows	No. of Head Value	Due Date _____	
b. Heifers	_____	4. Interest & Taxes Due.....	_____
c. Calves	_____	5. Other Current Debt.....	_____
d. Steers	_____	6. Machinery Loans.....	_____
e. Hogs	_____	7. Vehicle Loans.....	_____
Total Livestock	_____	8. Real Estate Loans.....	_____
4. Crops (growing)	_____	9. Oter Long Term Debt.....	_____
5. Crops (stored)	_____	Total Liabilities	\$ _____
6. Real Property (____ Acres \$_____/Acre)	_____	Net Worth (Total Assets Less Total Liabilities)	\$ _____
7. Motor Vehicles	_____		
8. Machinery & Equipment.....	_____		
9. Stocks, Bonds, Government Securities, Life Insurance (cash value).....	_____		
10. Other Assets.....	_____		
Total Assets	\$ _____		