





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, 2025 - August 31, 2026.

PROGRAM	FINANCE CHARGE	REQUIREMENTS
 <b>Partner</b>	<b>Prime Plus 2%</b>	25-75% agronomy needs purchased from Centerra Co-op
 <b>Partner Plus</b>	<b>Prime Rate</b>	75% agronomy needs purchased from Centerra Co-op
 <b>Loyalty</b>	<b>1% Under Prime</b>	100% agronomy needs purchased from Centerra Co-op
 <b>Loyalty Plus</b>	<b>2% Under Prime</b>	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, 2027**

#### **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, 2026**. No products can be charged on this program until the application is approved. All applications need to be emailed to [credit@centerracoop.com](mailto: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](mailto:ajenkins@centerracoop.com)**

**Roxanne Kaser at 419-207-3663 or [rkaser@centerracoop.com](mailto:rkaser@centerracoop.com)**



# Loyalty = Less Interest

# 2026

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.*

<b>Program Requested:</b> <input type="checkbox"/> Partner <input type="checkbox"/> Partner Plus <input type="checkbox"/> Loyalty <input type="checkbox"/> Loyalty Plus	<b>Please indicate which products you purchase from Centerra.</b> <input type="checkbox"/> Seed <input type="checkbox"/> Liquid Fuels <input type="checkbox"/> Agronomy Services <input type="checkbox"/> Fertilizer <input type="checkbox"/> Propane <input type="checkbox"/> Grain, Buy/Sell <input type="checkbox"/> Chemical	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated	<input type="checkbox"/> Married <input type="checkbox"/> Single
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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 (2024 SCHEDULE F OR LAST FILED SCHEDULE F) \_\_\_\_\_

DO YOU CARRY CROP INSURANCE? \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

AGENT \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

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	

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	=

Assets (Itemize on Schedule)			Liabilities (Itemize on Schedule)		
1. Cash, Checking & Savings Accounts.....		\$ _____	1. Accounts Payable.....		\$ _____
2. Accounts Receivables.....		_____	2. Credit Cards.....		_____
3. Livestock            No. of Head       Value			3. Operation Loans.....		_____
a. Dairy Cows          _____		_____	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. Other Long Term Debt.....		_____
<b>5. Crops (stored) .....</b>		_____			
6. Real Property (____ Acres \$_____/Acre)		_____			
7. Motor Vehicles .....		_____			
8. Machinery & Equipment.....		_____			
9. Stocks, Bonds, Government Securities, Life Insurance (cash value).....		_____			
10. Other Assets.....		_____			
<b>Total Assets</b>		\$ _____	<b>Total Liabilities</b>		\$ _____
			<b>Net Worth (Total Assets Less Total Liabilities)</b>		\$ _____