LUCKEY FARMERS, INC. FINANCING PROGRAM



2023

Luckey Farmers, Inc. Credit Dept. 1200 W Main St. Woodville, OH 43469 419-849-2711 or 800-589-9711



THIS INFORMATION IS TREATED IN A CONFIDENTIAL MANNER

PLEASE PRINT AND COMPLETELY FILL IN ALL BLANKS					
Account Name:			Individual	l	
Address:			Dertnership	р	
City, State, Zip:		□ Incorporated			
Phone: County:					
Social Sec. No. or Tax I.D. No.	Birthdate:				
Please select the finance program you are applying for:BlackGreenWhite		Red			
If a partnership, or corporation, give name & address of ot	ther owner(s):				
NAME TITLE ADDRESS	CITY	STATE	ZIP	S. S. or Tax I.D #	

<u>CROP P</u>	LANNI	NG INFOR	MATION							
<u>Crop</u>	<u>Acres</u>	<u>Estimated</u> <u>Yield</u>	<u>Total</u> <u>Production</u>	(Less) Prod. Used For Feed*	<u>(Less)</u> <u>Landlord's</u> <u>Share</u>	<u>Net</u> Production	Insurance Coverage MPCI, CRC, etc. Type %		Expected Price	Total Crop Value
									tal Crop lue:	
Anticipated Credit Needed \$			Acres Owned Acres F			ted_				
FINANC	CIAL IN	FORMATI	<u>ON from yo</u>	our most	t recent Fed	<u>eral Income Tax</u>	Return			
Gross Fa	rm Incor	ne \$				Total Assets	\$			
Non-Farr	m Incom	e \$				Total Liabilitie	es \$			
Total Gro	oss Incor	ne \$				Net Worth (Assets – Liabilities =	\$			
We are mak	ing this ann	ication and state	ment for the nurr	ose of secu	ring credit on acc	count and we represent f	hat the informatio	n oive	en herein is tru	e and accurate For the pu

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. For the purpose of evaluating this application for credit, we authorize Luckey Farmers, Inc. to contact both financial institutions and suppliers and allow them to release any financial and credit information known to them. We agree to pay according to the terms of each account and request that billings be made in the account name specified. By the signature(s) below, I/we agree to be bound by Luckey Farmers, Inc. credit terms.

Applicant's Signature:

Date of Application:

Spouse / Co-signer Signature:_____