

LUCKEY FARMERS, INC. FINANCING PROGRAM

2024



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

Address: _____

☐ Partnership

City, State, Zip: _____

☐ Incorporated

Phone: _____ County: _____

Social Sec. No. or Tax I.D. No. _____ Birthdate: _____

Please select the finance program you are applying for:

Black ☐ Green ☐ White ☐ Red ☐

If a partnership, or corporation, give name & address of other owner(s):

NAME	TITLE	ADDRESS	CITY	STATE	ZIP	S. S. or Tax I.D.#
------	-------	---------	------	-------	-----	--------------------

CROP PLANNING INFORMATION

<u>Crop</u>	<u>Acres</u>	<u>Estimated Yield</u>	<u>Total Production</u>	<u>(Less) Prod. Used For Feed*</u>	<u>(Less) Landlord's Share</u>	<u>Net Production</u>	<u>Insurance Coverage MPCL, CRC, etc. Type %</u>	<u>Expected Price</u>	<u>Total Crop Value</u>
<u>Total Crop Value:</u>									

Anticipated Credit Needed \$ _____ Acres Owned _____ Acres Rented _____

FINANCIAL INFORMATION from your most recent Federal Income Tax Return

Gross Farm Income \$ _____

Total Assets \$ _____

Non-Farm Income \$ _____

Total Liabilities \$ _____

Total Gross Income \$ _____

Net Worth \$ _____

(Assets - Liabilities = Net Worth)

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: _____