



**SKYLAND GRAIN LLC**  
202 S. Main  
PO Box 280  
Johnson, KS67855

## **2019 INPUT FINANCING CROP APPLICATION PACKET**

**The following items are required to determine Input Financing Application Request. Any items listed below not included with Input Finance Packet request, will not be reviewed until all items are received.**

- 1. Current Balance Sheet – Signed & Dated**
- 2. Copy of Most Recent Tax Return**
- 3. Copy of Current Cash Flow Statement**
- 4. Proof of Crop Insurance**
- 5. Farm Operation Information – Complete information below**

	<b>#of Acres</b>	<b>Share (%)</b>	<b>Total</b>
<b>1. Owned Land</b>	_____	_____	_____
<b>2. Share Crop Land</b>	_____	_____	_____
<b>3. _____</b>	_____	_____	_____
<b>4. _____</b>	_____	_____	_____
<b>5. _____</b>	_____	_____	_____
<b>6. Total Crop Share (Add lines 1-6)</b>	_____	_____	_____

- 6. Provide Legal Descriptions of Farm Ground - Required**
- 7. Guidelines & Benefits of Program – Customer Information Only**
- 8. Completed Input Financing Application - Attached**
- 9. Signed Input Finance Crop Program Form - Attached**



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**2019 INPUT FINANCE CROP TERM APPLICATION**

**Date:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**ACCOUNT NAME**

Corporation/Company/Trust Name: \_\_\_\_\_

Name: First Middle Last  
 Debtor /Guarantor \_\_\_\_\_

Co-Debtor/Guarantor \_\_\_\_\_

Address: Street City State Zip  
 \_\_\_\_\_

Phone/Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**CROP FINANCED**

(If more than one crop please complete another agreement)

WHEAT \_\_\_\_\_ MILO \_\_\_\_\_ CORN \_\_\_\_\_ SOYBEANS \_\_\_\_\_  
 OTHER \_\_\_\_\_

**Amount Requested** \$ \_\_\_\_\_ **Due Date (Wheat) 8-1-2019 (Fall) 1-2-2020** \_\_\_\_\_ **Interest Rate** **5.25%**

**\*\*If paid after the date indicated above, any unpaid portion will be assessed a finance charge at the rate of 9% per month. Cash discount is available if account is paid by the respective due dates.**

**FINANCIAL INSTITUTION INFORMATION**

Do you have a farm operating line of credit? **Yes** or **NO**

If **“Yes”** provide information below for your financial institution?

Financial Institution: \_\_\_\_\_

Address: Street City State Zip  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_



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**2019 INPUT FINANCE CROP TERM PROGRAM**

I/We agree to make payment promptly in accordance with the above terms and further agree to pay attorney fees and all other costs with may be incurred if our account becomes in default.

Disclosure:

I represent that the information provided is true and complete. Upon giving this authorization to Skyland Grain LLC, I understand and acknowledge that I hold harmless Skyland Grain LLC from obtaining any information with the understanding that Skyland Grain LLC will hold the information confidential to the Company and will only be used for the purposes of the extension of credit. Also, I authorize Skyland Grain LLC to check my credit and employment history and to answer question about my credit experience with Skyland Grain LLC. Additionally, I authorize my bank/creditors to release financial and reference data to Skyland Grain LLC.

**If application is for a Corporation, Company, or trust, signature as member/officer/trustee as well as an individual is required. If the credit applicant is a partnership or a sole proprietorship, in order to process this application, each partner or sole proprietor must acknowledge the following information:**

The undersigned who is either a principal of the credit applicant or a sole proprietorship, recognizing that his or her individual credit history may be a factor in the evaluation of the above named business credit grantor, from time to time as may be needed, in the credit evaluation process and connection with the collection of credit extended as a result of this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Skyland Grain LLC Management Approval

\_\_\_\_\_  
Signature  
Skyland Grain LLC Management Approval