



Skyland Grain, LLC

Connecting our Producers To The World

620-492-6210

202 S. Main St.

P.O. Box 280

Johnson, KS 67855

2020 Input Finance Program Guidelines For Wheat and Fall Crops

Guidelines:

- Complete enclosed credit application and program form.
- Include a “signed and dated” current financial statement, current cash flow statement, copy of most recent year’s tax return.
- Include proof of multi-peril crop insurance, with a minimum of 70% coverage. Prefer CRC type coverage.
 - An “Assignment of Indemnity of Crop Insurance” will be submitted to crop insurance carrier.
- A UCC will be filed with a first or second lien on the growing crop(s).
- Customer will sign promissory note, security agreement, and guaranty letter if applicable.
- **Customer must bring their grain to Skyland Grain, LLC for this upcoming year.**

Benefits:

- Customer(s) input purchases throughout the month for growing crops are billed to their Input Finance account. Skyland Grain will manage the Input Finance account from the time of customer approval until the due date. We will include a spreadsheet with your billing statement reflecting the transactions applied to the Input Finance Account throughout the month.
- In addition, the Input Finance Program allows our customer(s) to take advantage of the Skyland Grain, LLC fertilizer discount when applicable.
- Customer(s) on our program are not required to make payment until maturity date. Our **wheat crop maturity due date is August 1, 2020**, and our **fall crop maturity due date is January 2, 2021**. If a customer decides to pay-off their Input Finance account before the above specified due date, there is no prepayment penalty.



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2020 Input Finance Crop Application Packet

The following items are required to determine Input Financing Application Requests. 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. Provide Legal Description(s) of Farm Ground - Required

6. Farm Operation Information- Complete information below

	# of acres	Share (%)	Total
1. Owned Land	_____	_____	_____
2. Share Crop Land	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. Total Crop Share (add Lines 1-6)	_____	_____	_____

Please Complete the Following Questions

1. I have been a Skyland Grain Customer for:
 - a. Less Than 3 Years _____
 - b. Greater Than 3 Years _____

2. Do you have a farm operating line of credit?

Yes: _____ No: _____

If yes? Please provide the following information:

Financial Institution: _____

Address: _____

Contact Name: _____

Phone Number: _____

Initial Here _____



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Date: _____

Account #: _____

Account Name

Corporation/ Company Name/ Trust Name _____

Debtor/ Guarantor _____
First Middle Last

Co-Debtor/ Guarantor _____
First Middle Last

Address: _____
Street City State Zip

Social Security # _____ Co-Debtor Social Security # _____

Phone Number: _____ Email: _____

Crop Financed

For each crop program (wheat and fall), please complete an agreement

Wheat _____ Milo _____ Corn _____ Soybeans _____ Other _____

Amount Requested
\$ _____

Due Date (Wheat 8-1-2020) (Fall 1-2-2021)

** If paid after the date indicated above, any unpaid portion will be assessed a finance charge at the rate of 12% per month. Cash discount is available if account is paid by the respective due dates.



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2020 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 which 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 questions 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