



Ownership Directive

*One directive per load required.

PRODUCER NAME:		TODAY'S DATE:	
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	EMAIL ADDRESS:		

ABOUT THE DELIVERY: Hauler Name: _____

Commodity: CORN SOYBEANS WHEAT

For Split bushels, please provide full name and percentage of split below:

Name: _____	_____ %	Name: _____	_____ %	TOTAL:
Name: _____	_____ %	Name: _____	_____ %	100%

ABOUT THE TRUCKING: Are you utilizing a trucking company that you wish to have deducted from your settlement? If so, complete all fields below:

TRUCK FREIGHT RATE: _____ TRUCKING COMPANY: _____

ADDRESS: _____

TRUCKING COMPANY PHONE NUMBER: _____

**Trucking company to provide completed W9 and copies of tickets to receive payment.

ABOUT THE SALE: *Grain delivered with no open contracts will be spot sold at the end of the day unless specified below.*

1) Spot sell at applicable CBOT Close price _____

OR 2) Apply to Contract _____ Contract Overage, check one: Sell Overage at market/ Hold/ DP

OR 3) Apply ALL to Delayed Price (DP) Contract _____ (DP agreement required)

OR 4) Contract is with the following Company: _____

OR 5) Hold All _____ (Max 5 day hold, spot sell on 6th day if no further direction received)

ABOUT THE PAYMENT: *Payment will be made within 30 days of receipt. Deferring payments beyond 30 days are honored in exchange for signed deferred payment agreement executed within 30 days of receipt of delivery. You can still request a check that will be processed using our existing weekly payout schedule.*

PAYMENT OPTIONS: _____ Please pay within 30 days of delivery

<input type="checkbox"/> Mail Check or <input type="checkbox"/> Pick up Check	OR _____ Please pay on next available payout schedule OR _____ Please pay on or near this date: _____ OR _____ Please defer payment beyond 30 days (Deferred Payment Agreement required) OR _____ Pay at the end of loading: _____ This isn't the last load _____ This is the last load
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OFFICE USE ONLY:	TICKET REFERENCE _____
Admin INITIAL/DATE: _____	PRODUCER INITIALS/DATE: _____
TRUCKING VERIFICATION _____	SCALE OPERATOR INITIALS/DATE: _____
CONTRACT VERIFICATION _____	Notes: _____