



Ownership Directive Today's Date: _____

*One directive per load required.

PRODUCER NAME: _____

Hauler Name: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

EMAIL ADDRESS: _____

ABOUT THE DELIVERY: Commodity: __CORN __SOYBEANS __WHEAT

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

Name: _____ % Name: _____ % **TOTAL:**

Name: _____ % Name: _____ % **100%**

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

Contract is with Company (skip if with Premier Grain): _____

OR 3) Apply ALL to Delayed Price (DP) Contract _____ (DP agreement required; skip payment instructions)

OR 4) 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.

____ Please pay on the next regularly scheduled check run

OR ____ Pay at the end of loading: ____ This isn't the last load ____ This is the last load

OR PAY LATER ____ Please defer payment beyond 30 days (Deferred Payment Agreement require

Payment Method: __ACH PAY OR __CHECK PAY __Mail Check or __Pick up Check

Trucking deductions? 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 NAME: _____

PHONE NUMBER _____ / ADDRESS: _____

OFFICE USE ONLY:

Admin INITIAL/DATE: _____

TRUCKING VERIFICATION _____

CONTRACT VERIFICATION _____

TICKET REFERENCE _____

PRODUCER INITIALS/DATE: _____

SCALE OPERATOR INITIALS/DATE: _____

Notes: