



# Co-Alliance Finance Process

Welcome to Co-Alliance Finance. We hope you find our process simple to follow and the application easy to complete. If you have any questions, please contact the individuals listed at the bottom of this page or your local branch. We're happy to help.

REQUIRED INFORMATION

Requested Credit Limit:*	Complete the Following Application Pages:
up to \$100,000	Co-Alliance Finance Application <sup>1</sup> Co-Alliance Finance Crop Information Collateral Worksheet Co-Alliance Finance Equipment Worksheet
\$100,001 to \$250,000	Co-Alliance Finance Application <sup>1</sup> Co-Alliance Finance Crop Information Collateral Worksheet Co-Alliance Finance Equipment Worksheet Balance Sheet (Year End 12/31/xx or sometime within the crop year) Most Recent Federal Income Taxes
\$250,001 plus	Co-Alliance Finance Application <sup>1</sup> Co-Alliance Finance Crop Information Collateral Worksheet Co-Alliance Finance Equipment Worksheet Balance Sheet (Year End 12/31/xx or sometime within the crop year) 3 Years Most Recent Federal Income Taxes

Additional Information may be requested after receiving the application.

<sup>1</sup>If the applicant is a new customer they must also fill out the Co-Alliance Credit Application to set up their Ag & Fuel Accounts.

IMPORTANT INFORMATION

- There is a one-time new application fee of \$250. Each following year, there will be a \$200 pre-approval fee. This may be financed or paid by check.
- Applicants must be approved by Co-Alliance Finance Department.
- All rates are variable.
- The balance of the note is due at maturity. If extensions are needed, they must be approved by Co-Alliance Finance. See contact information below (9.) if you need to request an extension.
- Standard maturities are November 30th or December 31st. However, if you prefer another maturity month, please indicate on the application.
- Co-Alliance Loans will be considered for renewal annually.
- All principal and interest will be paid annually for each crop year.
- Mail all completed applications to the Finance Department at 5250 E US Hwy 36, Bldg 1000, Avon, IN 46123 or fax it to (317) 745-1248.

PROCESS

### 1. Application:

Customer submits the requested information and includes a copy of the driver's license for each applicant. (See required information chart above.)

### 2. Credit Decision:

Co-Alliance will notify you of the credit decision.

### 3. Closing Documents:

Co-Alliance will mail you the loan documents along with the closing instructions.

### 4. Joint Checks:

If Joint Checks are required, please contact your local branch for endorsement approval. We can set up a pre-approved plan or evaluate waiving joint checks on a case-by-case basis.

### 5. Release of Joint Checks:

Co-Alliance will notify buyers that we do not need joint checks after the account is paid for each crop year.

### 6. Liens:

Liens or UCC(s) will not be released or terminated unless the loan is closed and paid in full since the intent is to offer continued financing for farm operations.

### 7. Account Numbers:

Co-Alliance assigns loans their own account numbers. An additional loan account statement will be mailed monthly.

### 8. Loan Account Payment:

The loan account will pay off any open invoices charged to the Agronomy or Fuel billing account(s) on a monthly basis.

### 9. Available Credit or Payoffs:

Any questions concerning your loan accounts (i.e. available credit or payoff) may be directed to:

- Darren Radde, Credit and Finance Manager  
[darren.radde@co-alliance.com](mailto:darren.radde@co-alliance.com); (317) 745-4491
- Rachael Malicoat, Ag Finance Specialist  
[rachael.malicoat@co-alliance.com](mailto:rachael.malicoat@co-alliance.com); (317) 718-1545
- Your local branch



# Co-Alliance Finance Application

APPLICANT INFORMATION

### PRIMARY APPLICANT NAME: (AS SHOWN ON DRIVERS LICENSE)

			SSN OR TAX ID		
			- -		
CURRENT ADDRESS		CITY	STATE	ZIP	COUNTY
PHONE/CELL PHONE NUMBER	E-MAIL ADDRESS		DATE OF BIRTH		
- -			/ /		
ENTITY TITLE			SPOUSES FULL NAME (IF MARRIED)*		

### CO-APPLICANT #1 NAME (AS SHOWN ON DRIVERS LICENSE)

FIRST	MIDDLE	LAST	SSN OR TAX ID		
			- -		
CURRENT ADDRESS		CITY	STATE	ZIP	COUNTY
PHONE/CELL PHONE NUMBER	E-MAIL ADDRESS		DATE OF BIRTH		
- -			/ /		
ENTITY TITLE			SPOUSES FULL NAME (IF MARRIED)*		

\* Required if spouse or person other than Primary Applicant identified above has an interest in farming operations or assets listed on this application and is also a co-applicant. If applicable, signature required below.

BUSINESS STRUCTURE

- |                         |                           |                      |                               |
|-------------------------|---------------------------|----------------------|-------------------------------|
| INDIVIDUAL              | CORPORATION               | INFORMAL PARTNERSHIP | LIMITED LIABILITY PARTNERSHIP |
| DBA/SOLE PROPRIETORSHIP | LIMITED LIABILITY COMPANY | GENERAL PARTNERSHIP  | LIMITED PARTNERSHIP           |
| TRUST                   | ESTATE                    |                      |                               |

YEAR BEGAN FARMING?	PRODUCTS PURCHASED FROM CO-ALLIANCE:					
	SEED	CROP NUTRIENTS	CHEMICALS	FUEL	DOW 0%	SYNGENTA 0%
ENTITY NAME OR DBA NAME					TAX ID NUMBER	
					-	
ADDITIONAL ENTITY NAME OR DBA NAME					TAX ID NUMBER	
					-	

Please attach Partnership Agreement, Articles of Incorporation, Operating Agreement, or other relevant Entity Formation documents.

FINANCIAL INFORMATION

REQUESTED LOAN AMOUNT	PREFERRED MATURITY MONTH						
\$							
GROSS FARM INCOME	CURRENT ASSETS	CURRENT LIABILITIES					
\$	\$	\$					
NON-FARM INCOME	TOTAL ASSETS	TOTAL LIABILITIES					
\$	\$	\$					
WILL CO-ALLIANCE HAVE A 1ST LIEN ON:							
CROPS?	YES	NO	EQUIPMENT?	YES	NO	IF NO, WHAT IS THE TOTAL OPERATING COMMITMENT?	\$
IF NO, NAME OF 1ST LIEN HOLDER				CONTACT PERSON			
ADDRESS						PHONE/CELL PHONE NUMBER	
						- -	



**CROP INSURANCE**

NAME OF CROP INSURANCE COMPANY

LOCAL AGENT NAME

E-MAIL

LOCAL AGENT ADDRESS

PHONE/CELL PHONE NUMBER

TYPE OF CROP INSURANCE AND COVERAGE LEVEL, IF APPLICABLE:

RP    \_\_\_%    YP    \_\_\_%    APH    \_\_\_%    ARP    \_\_\_%    AYP    \_\_\_%    CAT    \_\_\_%

**CREDIT HISTORY**

**PLEASE ANSWER THE FOLLOWING QUESTIONS: (IF YES, PLEASE EXPLAIN)**

ARE THERE ANY JUDGMENTS AGAINST ANY OF THE APPLICANTS?

NO    YES

HAS THE OPERATION OR ANY OF THE APPLICANTS EVER FILED BANKRUPTCY?

NO    YES

ARE THERE ANY TAX LIENS OR ANY TAXES DELINQUENT OR UNDER DISPUTE?

NO    YES

ARE THERE ANY ACCOUNTS DELINQUENT OR UNDER DISPUTE?

NO    YES

IF FARM PRODUCTS ARE SOLD UNDER A NAME **NOT** LISTED ON THIS APPLICATION, PLEASE LIST NAME.

NO    YES

ARE ANY ASSETS HELD IN A TRUST NAME?

NO    YES

ARE ANY ASSETS HELD IN A BUSINESS NAME?

NO    YES

AVERAGE CHECKING & SAVINGS BALANCE?

**CREDIT STATEMENT**

Each applicant warrants that all information provided for this application is complete and correct to the best of their knowledge as of the date of the application. **Co-Alliance, LLP** is authorized to verify the information given for this application including a credit report and employment history to assist in making a credit decision, monitoring the account, and collecting the account. I authorize my creditors, insurance agents, and Farm Service Agencies to provide all relevant information to **Co-Alliance, LLP**. I understand and agree that a sign facsimile of this application shall be deemed the original.

X	_____	/	/
	SIGNATURE PRIMARY APPLICANT		DATE
X	_____	/	/
	SIGNATURE CO-APPLICANT #1		DATE
X	_____	/	/
	SIGNATURE CO-APPLICANT #2		DATE
X	_____	/	/
	SIGNATURE CO-APPLICANT #3		DATE
X	_____	/	/
	SIGNATURE CO-APPLICANT #4		DATE
X	_____	/	/
	SIGNATURE CO-APPLICANT #5		DATE

**CO-APPLICANT #2 NAME (AS SHOWN ON DRIVERS LICENSE)**

<b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>	<b>SSN OR TAX ID</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	- -
<b>CURRENT ADDRESS</b>		<b>CITY</b>	<b>STATE</b>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>PHONE/CELL PHONE NUMBER</b>	<b>E-MAIL ADDRESS</b>		<b>DATE OF BIRTH</b>
- -	<input type="text"/>		/ /
<b>ENTITY TITLE</b>		<b>SPOUSES FULL NAME (IF MARRIED)*</b>	
<input type="text"/>		<input type="text"/>	

*\* Required if spouse or person other than Primary Applicant identified above has an interest in farming operations or assets listed on this application and is also a co-applicant. If applicable, signature required below.*

**CO-APPLICANT #3 NAME (AS SHOWN ON DRIVERS LICENSE)**

<b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>	<b>SSN OR TAX ID</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	- -
<b>CURRENT ADDRESS</b>		<b>CITY</b>	<b>STATE</b>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>PHONE/CELL PHONE NUMBER</b>	<b>E-MAIL ADDRESS</b>		<b>DATE OF BIRTH</b>
- -	<input type="text"/>		/ /
<b>ENTITY TITLE</b>		<b>SPOUSES FULL NAME (IF MARRIED)*</b>	
<input type="text"/>		<input type="text"/>	

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**CO-APPLICANT #4 NAME (AS SHOWN ON DRIVERS LICENSE)**

<b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>	<b>SSN OR TAX ID</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	- -
<b>CURRENT ADDRESS</b>		<b>CITY</b>	<b>STATE</b>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>PHONE/CELL PHONE NUMBER</b>	<b>E-MAIL ADDRESS</b>		<b>DATE OF BIRTH</b>
- -	<input type="text"/>		/ /
<b>ENTITY TITLE</b>		<b>SPOUSES FULL NAME (IF MARRIED)*</b>	
<input type="text"/>		<input type="text"/>	

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**CO-APPLICANT #5 NAME (AS SHOWN ON DRIVERS LICENSE)**

<b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>	<b>SSN OR TAX ID</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	- -
<b>CURRENT ADDRESS</b>		<b>CITY</b>	<b>STATE</b>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>PHONE/CELL PHONE NUMBER</b>	<b>E-MAIL ADDRESS</b>		<b>DATE OF BIRTH</b>
- -	<input type="text"/>		/ /
<b>ENTITY TITLE</b>		<b>SPOUSES FULL NAME (IF MARRIED)*</b>	
<input type="text"/>		<input type="text"/>	

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