

Loan Information					
Loan Purpose		Maturity Date Requested (Month & Year)		Amount Requested	
Applicant Information			Company Information		
Entity Type (Check One):			Company Name		
<input type="checkbox"/> Corporation		<input type="checkbox"/> Joint Venture	Company Tax I.D. #		Company State of Organization
<input type="checkbox"/> General Partnership		<input type="checkbox"/> Limited Liability Co.	Company Street Address		
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Limited Partnership	Company City	Company State	Company Zip
<input type="checkbox"/> Sole Proprietorship w/ DBA		<input type="checkbox"/> Trust	Company Telephone		
			Company Net Worth (Assets minus Liabilities)		
Primary Applicant or Principal 1 Information			Co-Applicant or Principal 2 Information		
Full Legal Name (as shown on State Driver's License)			Full Legal Name (as shown on State Driver's License)		
Title (if applicable)			Title (if applicable)		
Address			Address		
City	State	Zip	City	State	Zip
County			County		
Home Phone		Mobile Phone (optional)	Home Phone		Mobile Phone (optional)
Email Address (optional)			Email Address (optional)		
Social Security Number		Date of Birth	Social Security Number		Date of Birth
Net Worth (Assets minus Liabilities)			Net Worth (Assets minus Liabilities)		
Marital Status - Married, Separated, or Unmarried (required for Sole Proprietorship only)			Marital Status - Married, Separated, or Unmarried (required for Sole Proprietorship only)		
Spouses Full Legal Name (as shown on State Driver's License)			Spouses Full Legal Name (as shown on State Driver's License)		
Spouses Social Security Number			Spouses Social Security Number		

For additional Applicants or Principals complete the Supplemental Information Sheet

**Financial Questions**

1) Applicant's Average Cash in Savings + Checking	\$			
2) Have any of the Applicant's declared bankruptcy in the last 14 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, which Chapter	<input type="checkbox"/> Chapter 7	<input type="checkbox"/> Chapter 11	<input type="checkbox"/> Chapter 12	<input type="checkbox"/> Chapter 13
If Chapter 11, 12, or 13, has the bankruptcy been approved?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has it been discharged?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3) Are there any judgements against any of the Applicants?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4) Are there any taxes delinquent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5) Are any accounts payable delinquent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6) Does Applicant sell any farm products under a name not listed on this Application?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If answer yes to any of the Financial Questions, please provide details in the Comments section

Comments:

**Signatures**

*Each of the undersigned represents and warrants that: 1) the information in the Credit Application and accompanying Worksheet, if applicable, is complete and correct as of the date shown below, to the best of my knowledge, 2) Lender is authorized to verify the information herein, 3) Lender is authorized to verify my employment history and obtain a credit report for legitimate purposes in connection with this Credit Application, including making a credit decision, monitoring, and collecting the account, 4) I authorize my creditors and insurance agents to release all information regarding my accounts or insurance policies to Lender, 5) Lender is authorized to share any information herein and its credit experience with my creditors and insurance agents, and the Association submitting this Credit Application, 6) I understand and agree that a facsimile of the Credit Application and Worksheet and my signature thereon shall be deemed an original, and 7) I authorize the Association to submit this Credit Application via Lender's web site.*

Applicant's signature	Date	Co-Applicant's signature	Date
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Applicant's Name: \_\_\_\_\_

Ref # (Internal): \_\_\_\_\_

Location of Collateral						
Landowner(s) Name	State	County	Total Acres	Producer's Share %	Type of Rent	Cash Rent Amount

Potential Buyer Information					
Buyer's Name	Address	City	State	Zip	Telephone

Collateral Value Calculation								
Commodity	Total Acres	Producer's Share (%)	Approved Yield	Coverage Level (%)	Insurance Plan *	Price **	=	Total
	X	X	X	X				
What percentage of crops listed above will be fed to livestock? _____ %					Total Production Collateral Value		→	

\* Insurance Plan = RP, YP, APH, ARP, AYP, Hail Only, CAT, None      \*\* Contact participating dealer representative for current commodity prices.

Crop Insurance Agent Information					
Agency Name	Address	City	State	Zip	Telephone