

STEP 1: INDIVIDUAL INFORMATION

<p>Individual #1 Involvement in Agriculture: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ Years Engaged in Ag: _____ # Years Owned this Business: _____ Name: _____ Birthdate: _____ Address: _____ City: _____ State: _____ Zip: _____ # Years at this address: _____ Residence County: _____ Phone#: _____ SS#: _____ Email Address: _____ US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide documentation of legal residency. Non-Farm Income: _____ Personal net worth: _____</p>	<p>Individual #2 Involvement in Agriculture: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ Years Engaged in Ag: _____ # Years Owned this Business: _____ Name: _____ Birthdate: _____ Address: _____ City: _____ State: _____ Zip: _____ # Years at this address: _____ Residence County: _____ Phone#: _____ SS#: _____ Email Address: _____ US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide documentation of legal residency. Non-Farm Income: _____ Personal net worth: _____</p>
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Are any accounts past due? Yes No
 Have you declared bankruptcy in the last 10 years? Yes No
 Are you party to a lawsuit? Yes No
 Have you had any judgments against you? Yes No
 Have you had equipment repossessed? Yes No
If any applicant answered Yes to any of the above, please explain and indicate which applicant(s) on separate page.

STEP 2: GENERAL BUSINESS INFORMATION

Business Name: _____ Tax ID #: _____ State of Formation: _____
 General Partnership Limited Partnership Corporation Limited Liab. Co. Trust Joint Venture Other: _____
 Business Address _____ Bus Phone: _____
 City: _____ State: _____ Zip: _____ County: _____ Fax: _____
 Primary Contact: _____
 Authorized Party(ies) (Indicate Title - General Partner, President, Member, etc.)

Do you have crop insurance? Yes No Crop Insurance Agent/Company _____ Telephone: _____

STEP 3: CREDIT REFERENCE

Operating Lender: _____ Contact Person: _____ Phone: _____
 City: _____ State: _____ Savings/Checking (DDA) Account Balance: \$ _____
 Operating line amount approval \$ _____ Current Balance \$ _____

STEP 4: PROJECTED INCOME STATEMENT () Crop Year (Complete Where Applicable)

Counties where income is derived: _____
 Acres Owned: _____ Acres Rented: _____ Acres Custom Work: _____

Crops Grown/Product Sales	Unit/Acre Units Sold	# Acres	Landlord Share	Price/Unit	Total Value
					\$
Total Crop Sales					\$
Plus: Milk Sales - # Producing Cows _____ Avg. lb Production/Cow _____					+
Plus: Government Payments/Other					+
Equals Subtotal: Gross Farm Income					=
Less: Total Operating Expenses					-
Equals Subtotal: Net Farm Earnings					=
Plus: Non-Ag Income					+
Less: Taxes (Income & Social Security)					-
Equals Subtotal: Net Earnings					=

Applicant(s) signature is required on page 2.

STEP 5: BALANCE SHEET (Complete if Required)

DATE OF BALANCE SHEET: / /

Current Assets		Value	Current Liabilities		Balance
Cash and Savings:			Open Accounts (Fertilizer, Chemical, Seed, other)		
Accounts Receivable			Who Owed: _____ Date Due: _____		
Due From:	Date Due:				
Livestock for Sale:			Other Accounts Payable		
Product Inventory/Crops/Feed on Hand			Operating: Amount Approved: \$ _____		
Product:	Quantity:	\$/Unit:	Operating Lender: _____ Balance Due: _____		
			CCC Loans:		
			Taxes/Rent Due and Payable:		
			Current Portion of Long Term Debt:		
			Credit Cards/Charge Accounts (Farm/Personal):		
Investment in Growing Crops:			Total Current Liabilities:		
Farm Supplies:			Non Current Liabilities		Balance
Total Current Assets:			Equipment Notes (less current portion)		
Non Current Assets		Value	Creditor: Rate: Term: Payment: Last Paid:		
Machinery and Vehicles:					
Breeding Livestock:					
Retirement Accounts:					
Ownership in Other Entities			Capital Leases (less current portion)		
Name:	% ownership:		Creditor: Rate: Term: Payment: Last Paid:		
Notes and Contracts Receivable			Mortgages/Contracts (less current portion)		
Debtor:	Rate:	Term:	Payment:	Last Paid:	
Real Estate and Buildings:			Other Contingent Liabilities:		
			Total Non Current Liabilities:		
Total Non Current Assets:			Total Liabilities:		
Total Assets:			Net Worth:		

NOTE: Additional earnings & financial information may be required if request does not meet streamlined underwriting criteria.

STEP 6: PLEASE AUTHORIZE US TO PROCESS YOUR APPLICATION

- I (we) certify that the information provided is true and correct to the best of my (our) knowledge and belief. I (we) may be required to supply additional information and to provide security for the financing requested.
- I (we) agree and consent that Company or its designated agents may obtain a credit report or any other information relating to income, employment history or financial position. **By signatures below, I (we) acknowledge such signatures represent both Authorized Agent for any business noted above and individually. I (we) authorize Company or its designated agents and all past or present creditors to release any and all necessary credit information.** From time-to-time you may verify and exchange information on me (us) with credit reporting agencies.
- I (we) understand this is a non-consumer loan: ORAL AGREEMENTS OR ORAL COMMITMENTS TO LOAN MONEY, EXTEND CREDIT, OR TO FORBEAR FROM ENFORCING REPAYMENT OF A DEBT ARE NOT ENFORCEABLE.
- I (we) certify that the taxpayer identification number(s) above are my (our) correct numbers and I (we) am/are not subject to backup withholding as defined in IRS form W-9.
- I (we) consent and direct Company or its designated agents to, at their election, disburse, withhold and pay all such fees not paid at closing at the time of the first disbursement or advance under the loan being applied for. If no such disbursement or advance occurs, I (we) agree to pay such fees upon demand.

Total Credit Requested: \$ _____ I/We are applying for individual or joint credit.
 Requested Maturity Due Date _____ The financial information reflects individual / joint assets.

Applicant's Signature (As Authorized Agent and Individually)	Date	Co-Applicant's Signature (Spouse or Other Owner; As Authorized Agent and Individually)	Date
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For Internal Use Only:

Secured Yes <input type="checkbox"/> No <input type="checkbox"/>	Collateral Description if Secured	Retail Location	Retail Acct. Number
Interest Rate	Maturity Date	Recommended By	Date