



CREDIT APPLICATION

Ref # (Internal): _____

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

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 obligations 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 _____



CROP WORKSHEET

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

Is any of the below listed collateral fed to livestock? Yes or No (circle one). If yes, complete % Fed column.

Collateral Value Calculation												
Commodity	Total Acres	X	Producer's Share (%)	X	Approved Yield	X	Insurance Plan *	% Coverage Level	X	Price **	% Fed ***	Total

* Insurance Plan = RP, YP, ARH, APH, ARP, AYP, Hail Only, CAT, None
 ** Contact participating dealer representative for current commodity prices.
 *** Percentage of crop that will be fed to livestock

Total Production Collateral Value →

Crop Insurance Agent Information					
Agency Name	Address	City	State	Zip	Telephone