

| | |
|------------------------|-------------------|
| Co-op Current Balance: | Years with Co-op: |
|------------------------|-------------------|



| Loan Information | | | |
|------------------|------------------|---|-----------------|
| Crop Year: | Co-op Account #: | Amount Requested (Min \$2,500 – Max \$350,000) <i>(If request exceeds \$150,000, please fill out page #3)</i> | Agronomist Name |

| Applicant Information | | | |
|---|--|-------------------|-----------------------|
| Entity Type Sole Proprietor Corporation Sole Proprietor w/ dba Limited Liability Company General Partnership Trust Limited Partnership Joint Venture | | Company Name | |
| | | Address | |
| | | City | |
| | | State | Zip |
| If Applicant is not an individual, the authorized persons completing this Application MUST ALSO PROVIDE THEIR NAME AND SOCIAL SECURITY NUMBER. Such persons understand they are also considered to be an Applicant and that they will be required to sign personally as a borrower any loan approved by CCC. | | Company Telephone | Company Tax ID Number |
| | | Company Net Worth | |

| Primary Applicant or Principal Information | | | Co-Applicant or Principal 2 Information | | |
|--|-----------------|-----|--|-----------------|-----|
| Full Legal Name (first, middle, last) | | | Full Legal Name (first, middle, last) | | |
| Title (if applicable) | | | Title (if applicable) | | |
| Address | | | Address | | |
| City | State | Zip | City | State | Zip |
| Home Phone | Mobile Phone | | Home Phone | Mobile Phone | |
| Email Address | | | Email address | | |
| Social Security Number | Date of Birth | | Social Security Number | Date of Birth | |
| Net Worth (assets minus liabilities) | Working Capital | | Net Worth | Working Capital | |
| Marital Status (married, separated, or unmarried – required for Sole Proprietorship) | | | Marital Status (married, separated, or unmarried – required for Sole Proprietorship) | | |
| Spouse's Full Legal Name (first, middle, last) | | | Spouse's Full Legal Name (first, middle, last) | | |
| Spouse's Social Security Number | | | Spouse's Social Security Number | | |

| Potential Crop Buyer Information (other than Top Ag Cooperative, Inc.) | | | | | | |
|---|-------------|--------------------|-------------------|-------------|--------------------|------------------|
| Buyer's Name | Address | City | State | Zip | Telephone | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Any of crops fed to livestock? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximate % of crops fed: % | | | | | | |
| Collateral Value Calculation | | | | | | |
| Commodity | Total Acres | Total Acres Rented | Average Cash Rent | Average APH | Coverage Level (%) | Insurance Type * |
| | | | | | % | |
| | | | | | % | |
| | | | | | % | |
| *Insurance Type: RP, YP, APH, GRIP, GRP, Hail Only, CAT, None | | | | | | |
| Crop Insurance Agent Information | | | | | | |
| Agency name | Address | City | State | Zip | Telephone | |
| Counties farmed in: | | | | | | |

The Applicant designated below is requesting financing in the form of a promissory note from **Cooperative Credit Company**, (hereinafter "CCC"), for the purpose of purchasing crop inputs at **Top Ag Cooperative, Inc., Okawville, IL**, (hereinafter "Member") for the stated crop year. The Applicant understands all loan advances will be made payable to the Member and not to any other party. This document authorizes the release to **Cooperative Credit Company, 128 Third Street NW, PO Box 80, Sioux Center, IA, 51250**, and Member any and all information in anyone's care, custody and control concerning the Applicant, specifically including any individuals executing this Authorization. The Applicant hereby releases you as the custodian of such records, both individually and collectively, from any and all liability for damages of whatever kind which may result because of compliance with this Authorization for Release of Information. The Applicant further authorizes CCC to release to Member any and all information in CCC's care, custody and control concerning the Applicant, specifically including, but not limited to, financial statements and cash flow information as well as any information CCC receives pursuant to this Authorization. The Applicant hereby releases CCC from any and all liability for damages of whatever kind may result from CCC's compliance with this Authorization and Release. Please submit the completed application to Cooperative Credit Company, 128 Third Street NW, Sioux Center, IA, Fax: 712-722-1212 or contact your agronomist. It is expressly agreed that a photocopy of this Application shall be as valid as an original.

After completing this application, print and sign prior to submitting.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Applicant Name _____

Please complete the additional information below and submit your application as directed. If a Partnership Corporation, or LLC, include balance sheet with supporting schedules of the general partner, presidents, owner, or managing member. Include any interest held by a co-applicant including spouse, if applicable. **A bank prepared statement may be substituted and mailed with the application in lieu of filling out the balance sheet information below.**

Balance Sheet Date _____

Assets

Cash, Checking, Savings _____

Securities _____

Accounts Receivables _____

Investment in Growing Crop _____

Feed & Grain Inventory _____

Market Livestock _____

Government Payments _____

Other: _____

Total Current Assets _____

Breeding Livestock _____

Machinery & Equipment _____

Vehicles _____

Other: _____

Total Intermediated Assets _____

Real Estate Value _____

Buildings _____

Other: _____

Total Long-Term Assets _____

Total Assets _____

Liabilities

CCC Loans _____

Operating Principal _____

Accounts Payable _____

Current Intermediate Debt _____

Current Long-Term Debt _____

Leases _____

Other: _____

Total Current Liabilities _____

Notes Payable _____

Machinery & Equipment Loans _____

Vehicle Loans _____

Other: _____

Total Intermediate Liabilities _____

Mortgage Loans _____

Other: _____

Total Long-Term Liabilities _____

Total Liabilities _____

Net Worth

For purpose of securing credit, the undersigned 1) certifies this statement is true and correct as of the date specified; 2) agrees to promptly notify Cooperative Credit Company of any material change; and 3) acknowledges receipt of a copy of this statement.

After completing this balance sheet, print and sign prior to submitting.

Signature

Signature