YOUR CHOICE LOAN

FOR OFFICE USE ONLY

Co-op Current Balance:

Years with Co-op:





Loan Information						
Crop Year:	Co-op Account #:	Amount Requested (Min \$2,500 – Max \$350 (If request exce	0,000) eeds \$150,000, please fill out page #3)	Agronomist Name		
Applicant Information						
Entity	Туре		Company Name			
-						
Sole Proprietor	Corporation		Address			
Sole Proprietor w/ dba	Limited Liability Company					
General Partnership	Trust		City			
Limited Partnership			01-1-	7'		
			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 Remsen Farmers Coop)							
Buyer's Name	Address		City	State	Zip	Telephone	
Any of crops fed to livestock? Yes 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 **Farmers Cooperative Company** (**Remsen Farmers Coop**), **Remsen**, **IA**, (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 hereby releases CCC from any and all liability for damages of whatever kind may result form CCC's compliance with 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. The Applicant hereby releases CCC from any and all liability for damages of whatever kind may result from CCC's compliance with 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 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	Liabilities CCC Loans Operating Principal Accounts Payable Current Intermediate Debt Current Long-Term Debt Leases Other:	
Other:	 other.	
Total Current Assets	 Total Current Liabilities	
Breeding Livestock	 Notes Payable	
Machinery & Equipment	 Machinery & Equipment Loans	
Vehicles	 Vehicle Loans	
Other:	 Other:	
Total Intermediated Assets	 Total Intermediate Liabilities	
Real Estate Value	 Mortgage Loans	
Buildings	 Other:	
Other:		
Total Long-Term Assets	 Total Long-Term Liabilities	
Total Assets	 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.