

COOPERATIVE CREDIT COMPANY

LOAN CONTACT INFORMATION

Applicant Information

Last Name	First Name	M. I.	S. S. Number
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Spouse Last Name	First Name	M. I.	S. S. Number
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Mailing Address	City	State	Zip	County
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Home Phone Number	Cell Phone Number	Fax Number	E-mail Address
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Corporation or Partnership Name (if applicable)	Tax Id. Number
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Authorization for Release of Information

This document authorizes the release to **Cooperative Credit Company, 128 Third Street NW, PO Box 80, Sioux Center, IA 51250**, any and all information in anyone's care, custody and control concerning the Applicant, specifically including any individual 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 Cooperative Credit Company to release to **Cooperative Farmers Elevator, Rock Valley, IA**, any and all information in Cooperative Credit Company'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 Cooperative Credit Company receives pursuant to this Authorization. The Applicant hereby releases Cooperative Credit Company from any and all liability for damages of whatever kind may result from Cooperative Credit Company's compliance with this Authorization and Release.

Applicant Signature

Date

Applicant Signature

Date

After completing, print and sign prior to submitting.