

FOR OFFICE USE ONLY

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





Loan Information	<u>, </u>			_				
Crop Year:	Co-op Account #:	Amount Requested (Min \$2,500 - Max \$350 (If request exce	0,000) eds \$150,000, please fill out page #3)	Agronomist Name				
Applicant Information				•				
Entity ⁻	Гуре		Company Name					
Sole Proprietor	Corporation		Address					
Sole Proprietor w/ dba	Limited Liability C	ompany	Audiess					
General Partnership	Trust		City					
Limited Partnership	Joint Venture							
·			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			
		-r						
Home Phone	Mobile Phone		Home Phone	Mobile Phone	lobile Phone			
Email Address			Email address					
	I 5 / (5) //			L n				
Social Security Number	Date of Birth		Social Security Number	al Security Number Date of Birth				
Net Worth (assets minus liabilities)	Working Capital		Net Worth	Working Capital				
Marital Status (married, separated, or unmarried	I – required for Sole Propri	ietorship)	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	Potential Crop Buyer Information (other than North Iowa Cooperative Elevator)								
Buyer's Name	Address		City			State	Zip		Telephone
Any of crops fed to livestock? _\Y	′es 🗌 No	If yes, appro	oximate %	6 of crops	s fe	d: %			
Collateral Value Calculation	T-4-1 A	Tatal Asses			_	ADU		1 (0/)	
Commodity	Total Acres	Total Acres Rented	Average C	ash Rent	Ave	erage APH	Coveraç	ge Level (%)	Insurance Type *
								%	
								%	
								%	
L *Insurance Type: RP, YP, APH, GRIP, GRP, Ha	ail Only, CAT, None								
Crop Insurance Agent Information									
Agency name	Address			City			State	Zip	Telephone
O. dise found is									
Counties farmed in:									
The Applicant designated below is reque									
of purchasing crop inputs at North Iowa Cooperative Elevator, Thornton, IA, (hereinafter "Member") for the stated crop year. The Applicant understands all loar 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 inform									
any and all liability for damages of whate to Cooperative Credit Company, 128 Thi	ever kind may res	ult from CCC's co	mpliance v	with this Au	utho	rization and Rele	ase. Ple	ease submit the	completed application
this Application shall be as valid as an or		oux ocinor, 17 t, 1 c	IX. 1 12 122	1212010	,0110	aot your agronon	not. It io	expressiy agre	od that a photocopy of
After completing this application, print and sign prior to submitting.									
בונכו כסוויףוכנווין נווים מףףווכמנוסוו, ףוויוג מווע פוצוו ףווסו נט פעטוווגעווין.									

·	polication as directed. If a Partnership Corporation, or LLC, include balance sneet with supporting mber. Include any interest held by a co-applicant including spouse, if applicable. A bank prepared of filling out the balance sheet information below.
statement may be substituted and mained with the apprecation in near	straining dut the suitance sheet information sciow.
Balance Sheet Date	
Assets Cash, Checking, Savings	Liabilities CCC Loans
Securities	Operating Principal
Accounts Receivables	Accounts Payable
Investment in Growing Crop	Current Intermediate Debt
Feed & Grain Inventory	Current Long-Term Debt
Market Livestock	Leases
Government Payments	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 s Cooperative Credit Company of any material change; and 3) ack	statement is true and correct as of the date specified; 2) agrees to promptly notify nowledges receipt of a copy of this statement.
After completing this balance sheet, print and sign prior to	submitting.
Signature	Signature

Applicant Name _____