YOUR CHOICE LOAN

FOR OFFICE USE ONLY

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

REMSEN FARMERS COOP

COOPERATIVE CREDIT COMPANY

2023 Loan Information

Counties farmed in	Co-op Account #:	Amount Requested **(Min $2,500 – Max $350,000)** ***(If request exceeds $150,000, please fill out page #3)***	Agronomist Name

Applicant Information

Entity Type

- ☐ Sole Proprietor
- ☐ Sole Proprietor w/ dba
- ☐ General Partnership
- ☐ Limited Partnership
- ☐ Corporation
- ☐ Limited Liability Company
- ☐ Trust
- ☐ Joint Venture

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 Name	
Address	
City	
State	Zip
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

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 **2023** 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		**Liabilities**	
Cash, Checking, Savings		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	$0	**Total Current Liabilities**	$0
Breeding Livestock		Notes Payable	
Machinery & Equipment		Machinery & Equipment Loans	
Vehicles		Vehicle Loans	
Other:		Other:	
Total Intermediated Assets	$0	**Total Intermediate Liabilities**	$0
Real Estate Value		Mortgage Loans	
Buildings		Other:	
Other:			
Total Long-Term Assets	$0	**Total Long-Term Liabilities**	$0
Total Assets	$0	**Total Liabilities**	$0
		Net Worth	$0

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