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 \$350,000) (If request exceeds \$150,000, please fill out page #3)		Agronomist Name			
Applicant Information				•			
Entity Type			Company Name				
Sole Proprietor	Corporation		Address				
Sole Proprietor w/ dba	Limited Liability C	ompany	, radioo				
General Partnership	Trust		City				
Limited Partnership	Joint Venture		01-11-	7 '.			
If Applicant is not an individual the	authorized nevector	a a municipa thia	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 the table understand they are also considered to be an Applicant and the table understand they are also considered to be an Applicant and the table understand the same appropriate the same and the same appropriate the same appropriate the same and the same appropriate the same		Company Telephone	Company Tax ID Number				
Applicant and that they will be required to sign personally as a borrower any loan approved by CCC.			Company Net Worth				
Primary Applicant or Principal In	formation		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	າ (other than Alli	ied Cooperative)						
Buyer's Name	Address		City		State	Zip		Telephone
Annual argue for the live stands 200	/aa 🗆 Na	If was appear		′ of one on	fod.			
Any of crops fed to livestock? Y	'es ∐ No	If yes, appro	oximate %	or crops	fed: %			
Collateral Value Calculation								
Commodity	Total Acres	Total Acres Rented	Average C	ash Rent	Average APH	Covera	ge Level (%)	Insurance Type *
		Trenied						
							%	
							%	
							%	
*Insurance Type: RP, YP, APH, GRIP, GRP, Ha	il Only, CAT, None	<u> </u>		L				
Crop Insurance Agent Information	n							
Agency name	Address			City		State	Zip	Telephone
Counties farmed in:								•
The Applicant designated below is reque of purchasing crop inputs at Allied Coop made payable to the Member and not to 80,Sioux Center, IA, 51250, and Memb individuals executing this Authorization. liability for damages of whatever kind who CCC to release to Member any and all instatements and cash flow information as liability for damages of whatever kind mac Cooperative Credit Company, 128 Third this Application shall be as valid as an orange of the completing this application, principles.	any other party er any and all in The Applicant haich may result be information in CC well as any info ay result from CC Street NW, Siouriginal.	s WI, (hereinafter to this document at formation in anyor ereby releases you because of compliator's care, custody ormation CCC recently compliance was Center, IA, Fax:	"Member") authorizes t ne's care, c u as the cu- ance with th and contro- eives pursu vith this Au- : 712-722-1	for the state the release to ustody and stodian of some Authorization and to this Athorization at to this Athorization a	ed crop year. The A to Cooperative Cre control concerning uch records, both in ation for Release of g the Applicant, spe authorization. The A and Release. Pleas	Applicant edit Com the Appl ndividual Informa ecifically pplicant e submi	understands a npany, 128 This icant, specifical ly and collective tion. The Applic including, but n hereby release t the completed	Il loan advances will be d Street NW, PO Box ly including any ely, from any and all ant further authorizes of limited to, financial s CCC from any and all application to
Applicant's Signature		Date	Co	-Applicant's S	Signature			Date

	ation as directed. If a Partnership Corporation, or LLC, include balance sheet with supporti r. Include any interest held by a co-applicant including spouse, if applicable. A bank prepa
statement may be substituted and mailed with the application in lieu or fill	ing out the balance sneet information below.
Balance Sheet Date	
Assets	Liabilities
Cash, Checking, Savings	CCC Loans
Securities	Operating Principal
Accounts Receivables	Accounts Payable
nvestment in Growing Crop	Current Intermediate Debt
eed & 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
/ehicles	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 state Cooperative Credit Company of any material change; and 3) acknow	ement is true and correct as of the date specified; 2) agrees to promptly notify vledges receipt of a copy of this statement.
After completing this balance sheet, print and sign prior to sub	omitting.
Signature	 Signature

Applicant Name _____