



2022 LOAN INFORMATION		
Counties farmed in	Amount Requested (Min \$2,500 – Max \$350,000) <i>(If request exceeds \$150,000, please fill out page #2)</i>	Agronomist Name

APPLICANT INFORMATION	
Entity Type <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship w/ DBA <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Joint Venture <u>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 on any loan approved by CCC.</u>	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 FARM SERVICE COOPERATIVE)					
Buyers’ Name	Address	City	State	Zip	Telephone
Any of crops fed to livestock? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, approximate % _____					

COLLATERAL VALUE CALCULATION						
Commodity	Total Acres	Average APH Yield	Acres Rented	Average Cash Rent	Coverage Level (%)	Insurance Type

*Insurance Plan: 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 **Farm Service Cooperative, Harlan, IA**, (hereinafter “Member”) for the 2022 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.

Applicant’s Signature	Date	Co-Applicant’s Signature	Date
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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 \$ _____

Other Current Assets \$ _____

(Specify) \$ _____

Total Current Assets \$ _____

Breeding Livestock \$ _____

Machinery & Equipment \$ _____

Vehicles \$ _____

Other Intermediated Assets \$ _____

(Specify) \$ _____

Total Intermediated Assets \$ _____

Real Estate Value \$ _____

Buildings \$ _____

Other Long-Term Assets \$ _____

(Specify) \$ _____

Total Long-Term Assets \$ _____

Total Assets \$ _____

Liabilities

CCC Loans \$ _____

Operating Principal \$ _____

Accounts Payable \$ _____

Current Intermediate Debt \$ _____

Current Long-Term Debt \$ _____

Leases \$ _____

Misc. Current Liabilities \$ _____

(Specify) \$ _____

Total Current Liabilities \$ _____

Notes Payable – Specify \$ _____

Machinery & Equipment Loans \$ _____

Vehicle Loans \$ _____

Other Intermediate Debt \$ _____

(Specify) \$ _____

Total Intermediate Liabilities \$ _____

Mortgage Loans \$ _____

Other Long-Term Debt \$ _____

(Specify) \$ _____

Total Long-Term Liabilities \$ _____

Total Liabilities \$ _____

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.

Signature

Signature