

Co-op Current Balance: \_\_\_\_\_

Years with Co-op: \_\_\_\_\_



## 2023 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
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## 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  <b><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></b>	Company Name Address City State      Zip Company Telephone      Company Tax ID Number Company Net Worth
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## 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					
City	State	Zip	City	State	Zip
Home Phone		Mobile Phone		Mobile Phone	
Email Address			Email address		
Social Security Number		Date of Birth		Date of Birth	
<b>Net Worth (assets minus liabilities)</b>		Working Capital		Working Capital	
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 FIRST COOPERATIVE ASSOCIATION AND/OR AG PARTNERS D.B.A. AGSTATE)

Buyers' Name	Address	City	State	Zip	Telephone

Any of crops fed to livestock?  Yes  No

If yes, approximate % fed to cattle \_\_\_\_\_

## 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
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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 **First Cooperative Association, Cherokee, IA**, and/or **Ag Partners, Albert City IA d.b.a. AgState** (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.

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**

Cash, Checking, Savings \$ \_\_\_\_\_  
 Securities \$ \_\_\_\_\_  
 Accounts Receivables \$ \_\_\_\_\_  
 Investment in Growing Crop \$ \_\_\_\_\_  
 Feed & Grain Inventory \$ \_\_\_\_\_  
 Market Livestock \$ \_\_\_\_\_  
 Government Payments \$ \_\_\_\_\_  
 Other Current Assets \$ \_\_\_\_\_  
     *(Specify)* \$ \_\_\_\_\_  
**Total Current Assets** \$ \_\_\_\_\_

**Liabilities**

CCC Loans \$ \_\_\_\_\_  
 Operating Principal \$ \_\_\_\_\_  
 Accounts Payable \$ \_\_\_\_\_  
 Current Intermediate Debt \$ \_\_\_\_\_  
 Current Long-Term Debt \$ \_\_\_\_\_  
 Leases \$ \_\_\_\_\_  
 Misc. Current Liabilities \$ \_\_\_\_\_  
     *(Specify)* \$ \_\_\_\_\_  
**Total Current Liabilities** \$ \_\_\_\_\_

Breeding Livestock \$ \_\_\_\_\_  
 Machinery & Equipment \$ \_\_\_\_\_  
 Vehicles \$ \_\_\_\_\_  
 Other Intermediated Assets \$ \_\_\_\_\_  
     *(Specify)* \$ \_\_\_\_\_  
**Total Intermediated Assets** \$ \_\_\_\_\_

Notes Payable – Specify \$ \_\_\_\_\_  
 Machinery & Equipment Loans \$ \_\_\_\_\_  
 Vehicle Loans \$ \_\_\_\_\_  
 Other Intermediate Debt \$ \_\_\_\_\_  
     *(Specify)* \$ \_\_\_\_\_  
**Total Intermediate Liabilities** \$ \_\_\_\_\_

Real Estate Value \$ \_\_\_\_\_  
 Buildings \$ \_\_\_\_\_  
 Other Long-Term Assets \$ \_\_\_\_\_  
     *(Specify)* \$ \_\_\_\_\_  
**Total Long-Term Assets** \$ \_\_\_\_\_

Mortgage Loans \$ \_\_\_\_\_  
 Other Long-Term Debt \$ \_\_\_\_\_  
     *(Specify)* \$ \_\_\_\_\_  
**Total Long-Term Liabilities** \$ \_\_\_\_\_

**Total Assets** \$ \_\_\_\_\_

**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