## 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 (If request exce	,000) eds \$150,000, please fill out page #3)	Agronomist Name			
Applicant Information				•			
Entity <sup>-</sup>	Гуре		Company Name				
Sole Proprietor	Corporation		Address				
Sole Proprietor w/ dba	Limited Liability C	ompany	, Addison				
General Partnership	Trust		City				
Limited Partnership	Joint Venture						
		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 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		
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 Far	m Service Coop	erative)					
Buyer's Name	Address		City		State	Zip		Telephone
Any of crops fed to livestock? Y	es 🗌 No	If yes, appro	oximate %	6 of crops f	ed: %			
Collateral Value Calculation	I =		Ι	1 .				
Commodity	Total Acres	Total Acres Rented	Average C	ash Rent A	Average APH	Covera	ge Level (%)	Insurance Type *
							%	
							%	
							%	
*Insurance Type: RP, YP, APH, GRIP, GRP, Ha	lil Only, CAT, None						,,,	
Crop Insurance Agent Information	n							
Agency name	Address			City		State	Zip	Telephone
Counties farmed in:							l	
The Applicant designated below is reque of purchasing crop inputs at Farm Service will be made payable to the Member and PO Box 80, Sioux Center, IA, 51250, an any individuals executing this Authorizati 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 ma Cooperative Credit Company, 128 Third this Application shall be as valid as an or	ce Cooperative, I not to any other d Member any a on. The Applicar ich may result be iformation in CC well as any infor y result from CC Street NW, Sioux iginal.	Harlan, IA, (here party. This documon all information at hereby releases ecause of complia C's care, custody amation CCC receic C's compliance with Center, IA, Fax:	inafter "Me ment autho in anyone' you as the nce with th and contro ves pursua ith this Aut	mber") for the rices the reless care, custon custodian coils Authorizat I concerning ant to this Authorization ar	ne stated crop year ease to Cooperation of and control corps such records, both the Applicant, spenthorization. The April Release. Pleas	The Aprove Creding the individual of the individ	oplicant underst it Company, 12 the Applicant, s dually and collec- ion. The Applica- ncluding, but no hereby releases the completed	ands all loan advances 88 Third Street NW, pecifically including ctively, from any and all ant further authorizes to limited to, financial 6 CCC from any and all application to
Applicant's Signature		Date	Co	-Applicant's S	ignature			Date

schedules of the general partner, presidents, ov	ow and submit your application as directed. If a Partnership Corporation, or LLC, include balance sheet with supporting oner, or managing member. Include any interest held by a co-applicant including spouse, if applicable. A bank prepared the application in lieu of filling out the balance sheet information below.
Balance Sheet Date _	<del></del>
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	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:	
	<del></del>
Total Lang Town Assets	Tatal Laur Tawa Liabilitaina
Total Long-Term Assets _	Total Long-Term Liabilities
Total Assets	Total Liabilities
	Net Worth
For purpose of securing credit, the undersign conceptive Credit Company of any material	ned 1) certifies this statement is true and correct as of the date specified; 2) agrees to promptly notify I change; and 3) acknowledges receipt of a copy of this statement.
Cooperative Credit Company of any materia	r change; and 3) acknowledges receipt of a copy of this statement.
After completing this application, print a	nd sign prior to submitting.
i 0 / p	
Signature	Signature

Applicant Name \_\_\_\_\_