

Co-op Current Balance:	Years with Co-op:
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2023 LOAN INFORMATION		
Counties farmed in	Amount Requested (Min \$2,500 – Max \$250,000) <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	Company Name Address City State Zip Company Telephone Company Tax ID Number Company Net Worth

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.

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 TOP AG COOPERATIVE, INC.)					
Buyers' Name	Address	City	State	Zip	Telephone

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 **Top Ag Cooperative, Inc., Okawville, IL**, (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
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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		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	\$ _____	Misc. Current Liabilities	\$ _____
Other Current Assets	\$ _____	<i>(Specify)</i>	\$ _____
<i>(Specify)</i>	\$ _____		
Total Current Assets	\$ _____	Total Current Liabilities	\$ _____
Breeding Livestock	\$ _____	Notes Payable – Specify	\$ _____
Machinery & Equipment	\$ _____	Machinery & Equipment Loans	\$ _____
Vehicles	\$ _____	Vehicle Loans	\$ _____
Other Intermediated Assets	\$ _____	Other Intermediate Debt	\$ _____
<i>(Specify)</i>	\$ _____	<i>(Specify)</i>	\$ _____
Total Intermediated Assets	\$ _____	Total Intermediate Liabilities	\$ _____
Real Estate Value	\$ _____	Mortgage Loans	\$ _____
Buildings	\$ _____	Other Long-Term Debt	\$ _____
Other Long-Term Assets	\$ _____	<i>(Specify)</i>	\$ _____
<i>(Specify)</i>	\$ _____		
Total Long-Term Assets	\$ _____	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 Top Ag Cooperative of any material change; and 3) acknowledges receipt of a copy of this statement.

Signature

Signature