

**2023 Loan Information**

Crop Year:	Co-op Account #:	Amount Requested (Min \$2,500 – Max \$350,000) <i>(If request exceeds \$150,000, please fill out page #3)</i>	Agronomist Name
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Applicant Information

Entity Type Sole Proprietor Corporation Sole Proprietor w/ dba Limited Liability Company General Partnership Trust Limited Partnership Joint Venture 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 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 Farmers Cooperative Elevator Co.)						
Buyer's Name	Address		City	State	Zip	Telephone
Any of crops fed to livestock? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximate % of crops fed: %						
Collateral Value Calculation						
Commodity	Total Acres	Total Acres Rented	Average Cash Rent	Average APH	Coverage Level (%)	Insurance Type *
					%	
					%	
					%	
*Insurance Type: RP, YP, APH, GRIP, GRP, Hail Only, CAT, None						
Crop Insurance Agent Information						
Agency name	Address		City	State	Zip	Telephone
Counties farmed in:						

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 **Farmers Cooperative Elevator Co., Arcadia, IA**, (hereinafter "Member") for the stated 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.

After completing this application, print and sign prior to submitting.

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	_____	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:	_____		_____

Total Long-Term Assets	_____	Total Long-Term Liabilities	_____
Total Assets	_____	Total Liabilities	_____
		Net Worth	

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.

After completing this balance sheet, print and sign prior to submitting.

Signature

Signature