

Co-op Current Balance:

Years with Co-op:



2023 LOAN INFORMATION		
Counties farmed in	Amount Requested (Min \$2,500 – Max \$350,000)	Agronomist Name

APPLICANT INFORMATION	
<p style="text-align: center; margin: 0;">Entity Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Sole Proprietorship  <input type="checkbox"/> Sole Proprietorship w/ DBA  <input type="checkbox"/> General Partnership  <input type="checkbox"/> Limited Partnership                 </div> <div style="width: 45%;"> <input type="checkbox"/> Corporation  <input type="checkbox"/> Limited Liability Company  <input type="checkbox"/> Trust  <input type="checkbox"/> Joint Venture                 </div> </div> <p style="font-size: small; margin-top: 10px;"><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></p>	<p style="margin: 0;">Company Name</p> <hr/> <p style="margin: 0;">Address</p> <hr/> <p style="margin: 0;">City</p> <hr/> <p style="margin: 0;">State</p> <hr/> <p style="margin: 0;">Zip</p> <hr/> <p style="margin: 0;">Company Telephone</p> <hr/> <p style="margin: 0;">Company Tax ID Number</p> <hr/> <p style="margin: 0;">Company Net Worth</p>

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						
<table style="width:100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">State</td> <td style="width: 33%; border: none;">Zip</td> </tr> </table>	City	State	Zip	<table style="width:100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">State</td> <td style="width: 33%; border: none;">Zip</td> </tr> </table>	City	State	Zip
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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 ALLIED COOPERATIVE)					
Buyers’ Name	Address	City	State	Zip	Telephone

Any of crops fed to livestock?  Yes  No

If yes, approximate % of corn fed \_\_\_\_\_

COLLATERAL VALUE CALCULATION *LIST ADDITIONAL COMMODITIES ON SEPARATE PAGE IF NEEDED						
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 Allied Cooperative, Adams, WI, (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 \_\_\_\_\_

<b>Assets</b>	
Cash, Checking, Savings	\$ _____
Securities	\$ _____
Accounts Receivables	\$ _____
Investment in Growing Crop	\$ _____
Feed & Grain Inventory	\$ _____
Market Livestock	\$ _____
Government Payments	\$ _____
Other Current Assets	\$ _____
<i>(Specify)</i>	\$ _____
<b>Total Current Assets</b>	<b>\$ _____</b>
Breeding Livestock	\$ _____
Machinery & Equipment	\$ _____
Vehicles	\$ _____
Other Intermediated Assets	\$ _____
<i>(Specify)</i>	\$ _____
<b>Total Intermediated Assets</b>	<b>\$ _____</b>
Real Estate Value	\$ _____
Buildings	\$ _____
Other Long-Term Assets	\$ _____
<i>(Specify)</i>	\$ _____
<b>Total Long-Term Assets</b>	<b>\$ _____</b>
<b>Total Assets</b>	<b>\$ _____</b>

<b>Liabilities</b>	
CCC Loans	\$ _____
Operating Principal	\$ _____
Accounts Payable	\$ _____
Current Intermediate Debt	\$ _____
Current Long-Term Debt	\$ _____
Leases	\$ _____
Misc. Current Liabilities	\$ _____
<i>(Specify)</i>	\$ _____
<b>Total Current Liabilities</b>	<b>\$ _____</b>
Notes Payable – Specify	\$ _____
Machinery & Equipment Loans	\$ _____
Vehicle Loans	\$ _____
Other Intermediate Debt	\$ _____
<i>(Specify)</i>	\$ _____
<b>Total Intermediate Liabilities</b>	<b>\$ _____</b>
Mortgage Loans	\$ _____
Other Long-Term Debt	\$ _____
<i>(Specify)</i>	\$ _____
<b>Total Long-Term Liabilities</b>	<b>\$ _____</b>
<b>Total Liabilities</b>	<b>\$ _____</b>

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