

**UNITED PRODUCERS, INC. THROUGH COOPERATIVE CREDIT COMPANY  
APPLICATION FOR "YOUR CHOICE PLUS" FINANCING PROGRAM**

The Applicant designated below is requesting financing not to exceed \$ \_\_\_\_\_ (minimum \$2,500.00; maximum \$100,000.00) in the form of a promissory note from Cooperative Credit Company (CCC) for producer financing at United Producers, Inc., Columbus, Ohio. The Applicant further understands that, if this Application is approved for any loan amount, Applicant will be required to notify CCC when Applicant desires advances to be made.

The purpose of the financing is for: (please check)

Livestock: \_\_\_\_\_ (specify type, e.g., Beef Cattle, Dairy Cattle, Cow-Calf, Pigs, Sheep) with a Requested Maturity Date of \_\_\_\_\_ (not to exceed 3 years)

Crops with a Maturity Date of January 15 of the following Crop Year

Machinery: \_\_\_\_\_ (specify) with Monthly / Semi-Annual / Annual Pmts with a Requested Maturity Date of \_\_\_\_\_ (circle pmt structure – Maturity not to exceed 3 yrs)

**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 considered to be an Applicant as well and that they will be required to sign personally as a borrower on any loan approved by CCC.**

Entity Name (if applicable): \_\_\_\_\_

Entity Tax ID No.: \_\_\_\_\_

Applicant - Full Name (printed or typed) \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Spouse's Name (if no spouse, please print "none") \_\_\_\_\_

Spouse's Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Co-Applicant - Full Name (printed or typed) \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Spouse's Name (if no spouse, please print "none") \_\_\_\_\_

Spouse's Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

This document authorizes the release to **Cooperative Credit Company (CCC), 128 Third Street NW, PO Box 80, Sioux Center, IA, 51250**, and 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 United Producers, Inc. 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.

It is expressly agreed that a photocopy of this Application shall be as valid as an original.

Dated this \_\_\_\_\_, 20\_\_\_\_\_.

Applicant Signature (and Title if Entity Applicant) \_\_\_\_\_

Co-Applicant Signature (and Title if Entity Applicant) \_\_\_\_\_

(If additional names or signatures are required, please make copies of this form for that purpose.)

Current Financial Statement attached (required)  Yes

Cash Flow attached (optional)  Yes  No

Marketing Information attached (optional)  Yes  No

Please fax Application to 712-722-1212. For questions, call 800-681-1975.

UPI Representative's Name \_\_\_\_\_