



# CROP INPUT LOAN APPLICATION

## GENERAL INFORMATION

E-mail address \_\_\_\_\_

LAST NAME, FIRST NAME, MIDDLE INITIAL OR BUSINESS NAME				SOCIAL SECURITY # (FEDERAL TAX ID # IF BUSINESS)			DATE OF BIRTH				
STREET ADDRESS			CITY	STATE	ZIP	COUNTY OF RESIDENCE	YEARS IN FARMING	# OF DEPENDENTS			
PRIMARY TELEPHONE#				ALTERNATIVE TELEPHONE #'S (BUSINESS/CELL ETC.)				TYPE OF BUSINESS			
				<input type="checkbox"/> INDIVIDUAL				<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> CORPORATION	
<b>SPOUSE/CO-APPLICANT (If any other person will use or be contractually liable as co-maker of this loan.)</b>											
LAST NAME, FIRST NAME, MIDDLE INITIAL				SOCIAL SECURITY NUMBER				DATE OF BIRTH			
STREET ADDRESS			CITY	STATE	ZIP	COUNTY OF RESIDENCE	RELATIONSHIP TO APPLICANT				
PRIMARY TELEPHONE#				ALTERNATIVE TELEPHONE #'S (BUSINESS/CELL ETC.)				Does your bank or anyone else currently have a lien on your crops?			
								<input type="checkbox"/> YES <input type="checkbox"/> NO			
Are there any judgments of record against you?						NAME OF BANK OR CURRENT LENDER			TELEPHONE #		
<input type="checkbox"/> YES <input type="checkbox"/> NO											
Are you currently in bankruptcy, mediation/reorganization or a party to any lawsuits?						STREET ADDRESS			CITY	STATE	ZIP
<input type="checkbox"/> YES <input type="checkbox"/> NO											
If you answered yes to either of the above questions, then please list and explain on the back of this application.						NAME OF LOAN OFFICER/CONTACT PERSON					

## APPLICATION CHECKLIST

**ONLY A COMPLETE APPLICATION WILL BE PROCESSED.** Please use the checklist below to ensure fast and efficient processing.

Your cooperation will be greatly appreciated.

- Completed and signed application packet (Includes Application/Authorization For Release of Information, Current Balance Sheet (Bank prepared balance sheet may be substituted if within 6 months) and Farms Operated/Crop Expense Worksheet)
- Copy of current state issued drivers license (If not already on file)
- Application fee (\$50 for Individual Applications/\$75 for Partnership or Corporation Applications)

### ADDITIONAL INFORMATION NEEDED FOR PARTNERSHIPS/CORPORATIONS

#### CORPORATIONS

- Corporation Bylaws  Articles of Incorporation

#### PARTNERSHIPS

- Partnership Agreement

\*Agtegra Cooperative reserves the right to request additional information if deemed necessary\*

## AUTHORIZATION FOR RELEASE OF INFORMATION

### TO WHOM IT MAY CONCERN:

This document authorizes you to release to Agtegra Cooperative any and all information in your care, custody and control (including but not limited to: Balance Sheets, crop insurance information and APH reports, FSA 156EZ reports, financial history and current loan balances/terms) concerning the undersigned to Agtegra Cooperative. It also authorizes Agtegra Cooperative to release any information regarding this loan and its application to any subordinating banks requesting such information. The undersigned hereby releases you and Agtegra Cooperative as the custodians of such records, both individually and collectively, from any and all liability for damages of whatever kind that may result because of compliance with this Authorization and Release of Information.

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

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Full Name (Printed or Typed)

\_\_\_\_\_  
Full Name (Printed or Typed)

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Social Security/Fed Tax ID #

\_\_\_\_\_  
Social Security/Fed Tax ID #