



REQUIRED INFORMATION

COMPLETE/PROVIDE THE FOLLOWING:	LOAN REQUEST AMOUNT		
	up to \$100,000	\$100,001 to \$250,000	\$250,001 +
Complete a Co-Alliance Finance Application ¹	●	●	●
Provide your most recent Equipment List	●	●	●
Provide most recent Year-End Balance Sheet		●	●
Provide 1 year of the most recent Federal Tax Return		●	
Provide 3 years of the most recent Federal Tax Returns			●

Additional Information may be requested after receiving the application.

¹If the applicant is a new customer they must also fill out the Co-Alliance Credit Application to set up their Ag & Fuel Accounts.

IMPORTANT INFORMATION

- **Application Fee:** There is a one-time new application fee of \$300. Each following year, there will be a \$250 renewal fee. which will be billed to your loan account. If a mid-season loan increase occurs, an Additional Advance document will be prepared for the customer to sign and a \$250 fee will be billed to the loan account.
- **Rates:** All rates are variable.
- **Balance Due & Extensions:** The balance of the note is due at maturity. If extensions are needed, Co-Alliance Finance must approve.
- **Maturity Month:** Standard maturities are November 30th or December 31st. However, if you prefer another maturity month, please indicate on the application.
- **Annual Renewal:** Co-Alliance Loans will be considered for renewal annually.
- **Principal and Interest Payment:** All principal and interest will be paid annually for each crop year.

PROCESS INFORMATION

- **Joint Checks:** If Joint Checks are required, please contact your local branch for endorsement approval. We can set up a pre-approved plan or evaluate waiving joint checks on a case-by-case basis.
- **Release of Joint Checks:** Co-Alliance will notify buyers that we do not need joint checks after the account is paid for each crop year.
- **UCC Filings:** A UCC will be filed with the Secretary of State on secured collateral. Our goal is not to interfere with your Primary Lender's secured collateral position, so we are typically in a 2nd lien position behind your bank. UCC filings will remain active each year, unless you decide you want to withdraw from the Finance Program. Once we are notified of this and your accounts are paid in full, we will terminate our UCC filings.

CONTACT INFORMATION

Your Co-Alliance Finance Team:

- Amy Brouillette, Director of Credit & Finance - amy.brouillette@co-alliance.com
- Shawn Carney, Director of Credit & Finance - shawn.carney@co-alliance.com
- Michell Randolph, Credit & Finance Manager - michell.randolph@co-alliance.com
- Rachael Malicoat, Ag Finance Specialist - rachael.malicoat@co-alliance.com
- Tricia Jurs, Ag Finance Specialist - tricia.jurs@co-alliance.com
- Darren Radde, Senior Director of Credit & Business Development - darren.radde@co-alliance.com



CO-ALLIANCE

Finance Application

Applications due by February 28 of each year; Annual Loan Payment due November 30th of each year

LOAN REQUEST INFORMATION

REQUESTED LOAN AMOUNT PRODUCTS INCLUDED IN FINANCING:
 CROP NUTRIENTS FUEL CO-ALLIANCE CHEMISTRY (SEE SALESMAN FOR PRODUCT LIST)

YOUR CO-ALLIANCE BRANCH LOCATION(S)

APPLICANT INFORMATION

SEE ADDENDUM FOR ADDITIONAL APPLICANTS

PRIMARY APPLICANT

NAME (MUST BE SAME AS DRIVER'S LICENSE) DATE OF BIRTH SSN # PHONE NUMBER

ADDRESS FIRST MIDDLE LAST E-MAIL ADDRESS

STREET ADDRESS CITY STATE ZIP

SPOUSE'S FULL NAME (IF MARRIED) E-MAIL ADDRESS

CO-APPLICANT #1

NAME (MUST BE SAME AS DRIVER'S LICENSE) DATE OF BIRTH SSN # PHONE NUMBER

ADDRESS FIRST MIDDLE LAST E-MAIL ADDRESS

STREET ADDRESS CITY STATE ZIP

SPOUSE'S FULL NAME (IF MARRIED) E-MAIL ADDRESS

BUSINESS STRUCTURE

UPLOAD PARTNERSHIP AGREEMENT, ARTICLES OF INCORPORATION, OPERATING AGREEMENT, ETC. AT BOTTOM OF APPLICATION

OF YEARS FARMING

ENTITY 1

ENTITY NAME OR DBA NAME TAX ID # BUSINESS TYPE: SOLE PROPRIETER INCORPORATED LIMITED LIABILITY COMPANY TRUST/ESTATE PARTNERSHIP INFORMAL PARTNERSHIP

OFFICER NAME & TITLE OFFICER NAME & TITLE OFFICER NAME & TITLE

ENTITY 2

ENTITY NAME OR DBA NAME TAX ID # BUSINESS TYPE: SOLE PROPRIETER INCORPORATED LIMITED LIABILITY COMPANY TRUST/ESTATE PARTNERSHIP INFORMAL PARTNERSHIP

OFFICER NAME & TITLE OFFICER NAME & TITLE OFFICER NAME & TITLE

FINANCIAL SUMMARY

CHECK IF YOU WANT TO UPLOAD A CURRENT MARKET-BASED BALANCE SHEET AT END OF APPLICATION INSTEAD OF COMPLETING THIS SECTION

CURRENT ASSET \$ CURRENT LIABILITIES \$ NET WORTH \$ DATE OF FINANCIALS

NON-CURRENT ASSET \$ NON-CURRENT LIABILITIES \$ GROSS FARM INCOME \$ NON-FARM INCOME \$

LENDER(S) NAME WITH AN OPERATING LINE LENDER'S PHONE OR EMAIL OPERATING LINE AMOUNT CURRENT PRINCIPAL BALANCE

CROP PLANNING INFORMATION

ACRES OWNED ACRES RENTED YOUR SHARE OF SHARED ACRES

CROP	ACRES	ESTIMATED YIELD	ON FARM USE % OR BUSHELS
CORN			
SOYBEANS			
SEED CORN			

ARE FARM PRODUCTS SOLD UNDER A NAME NOT LISTED ON THIS APPLICATION (I.E. TRUST OR BUSINESS)? IF YES, NAME HERE:

IS EQUIPMENT TITLED UNDER ANOTHER NAME NOT LISTED ON THIS APPLICATION? IF YES, NAME HERE:

CROP INSURANCE COMPANY OR AGENT'S NAME AGENT'S PHONE NUMBER AGENT'S E-MAIL ADDRESS

SIGNATURES & DATES

X [] DATE X [] DATE

APPLICANT SIGNATURE DATE CO-APPLICANT SIGNATURE DATE

Each applicant warrants that all information provided for this application is complete and correct to the best of their knowledge as of the date of application. Co-Alliance Cooperative, Inc. is authorized to verify the information given for this application including a credit report and employment history to assist in making a credit decision, monitoring the account, and collecting the account. I authorize my creditors, insurance agents, and Farm Service Agencies to provide all relevant information to Co-Alliance Cooperative, Inc. I understand and agree that a signed facsimile of this application shall be deemed the original.



Finance Application- Addendum

ADDENDUM - ADDITIONAL APPLICANTS

CO-APPLICANT #2

NAME (MUST BE SAME AS DRIVER'S LICENSE)			DATE OF BIRTH	SSN #	PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS		FIRST	MIDDLE	LAST	E-MAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS		CITY	STATE	ZIP	
SPOUSE'S FULL NAME (IF MARRIED)			E-MAIL ADDRESS		
<input type="text"/>			<input type="text"/>		
X	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	APPLICANT SIGNATURE	DATE	OFFICER TITLE, IF APPLICABLE		

CO-APPLICANT #3

NAME (MUST BE SAME AS DRIVER'S LICENSE)			DATE OF BIRTH	SSN #	PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS		FIRST	MIDDLE	LAST	E-MAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS		CITY	STATE	ZIP	
SPOUSE'S FULL NAME (IF MARRIED)			E-MAIL ADDRESS		
<input type="text"/>			<input type="text"/>		
X	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	APPLICANT SIGNATURE	DATE	OFFICER TITLE, IF APPLICABLE		

CO-APPLICANT #4

NAME (MUST BE SAME AS DRIVER'S LICENSE)			DATE OF BIRTH	SSN #	PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS		FIRST	MIDDLE	LAST	E-MAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS		CITY	STATE	ZIP	
SPOUSE'S FULL NAME (IF MARRIED)			E-MAIL ADDRESS		
<input type="text"/>			<input type="text"/>		
X	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	APPLICANT SIGNATURE	DATE	OFFICER TITLE, IF APPLICABLE		

CO-APPLICANT #5

NAME (MUST BE SAME AS DRIVER'S LICENSE)			DATE OF BIRTH	SSN #	PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS		FIRST	MIDDLE	LAST	E-MAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS		CITY	STATE	ZIP	
SPOUSE'S FULL NAME (IF MARRIED)			E-MAIL ADDRESS		
<input type="text"/>			<input type="text"/>		
X	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	APPLICANT SIGNATURE	DATE	OFFICER TITLE, IF APPLICABLE		