

# **Co-Alliance Finance Process**

Welcome to Co-Alliance Finance. We hope you find our process simple to follow and the application easy to complete. If you have any questions, please contact the individuals listed at the bottom of this page or your local branch. We're happy to help.

Requested Credit Limit:*	Complete the Following Application Pages:
up to \$100,000	Co-Alliance Finance Application <sup>1</sup> Co-Alliance Finance Crop Information Collateral Worksheet Co-Alliance Finance Equipment Worksheet
\$100,001 to \$250,000	Co-Alliance Finance Application <sup>1</sup> Co-Alliance Finance Crop Information Collateral Worksheet Co-Alliance Finance Equipment Worksheet Balance Sheet (Year End 12/31/xx or sometime within the crop year) Most Recent Federal Income Taxes
\$250,001 plus	Co-Alliance Finance Application <sup>1</sup> Co-Alliance Finance Crop Information Collateral Worksheet Co-Alliance Finance Equipment Worksheet Balance Sheet (Year End 12/31/xx or sometime within the crop year) 3 Years Most Recent Federal Income Taxes

Additional Information may be requested after receiving the application.

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

- There is a one-time new application fee of \$250. Each following year, there will be a \$200 pre-approval fee. This may be financed or paid by check.
- Applicants must be approved by Co-Alliance Finance Department.
- · All rates are variable.
- The balance of the note is due at maturity. If extensions are needed, they must be approved by Co-Alliance Finance. See contact information below (9.) if you need to request an extension.
- Standard maturities are November 30th or December 31st. However, if you prefer another maturity month, please indicate on the application.
- Co-Alliance Loans will be considered for renewal annually.
- All principal and interest will be paid annually for each crop year.
- Mail all completed applications to the Finance Department at 5250 E US Hwy 36, Bldg 1000, Avon, IN 46123 or fax it to (317) 745-1248.

# 1. Application:

Customer submits the requested information and includes a copy of the driver's license for each applicant. (See required information chart above.)

#### 2. Credit Decision:

Co-Alliance will notify you of the credit decision.

# 3. Closing Documents:

Co-Alliance will mail you the loan documents along with the closing instructions.

#### 4. 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.

# 5. 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.

#### 6. Liens:

Liens or UCC(s) will not be released or terminated unless the loan is closed and paid in full since the intent is to offer continued financing for farm operations.

## 7. Account Numbers:

Co-Alliance assigns loans their own account numbers. An additional loan account statement will be mailed monthly.

#### 8. Loan Account Payment:

The loan account will pay off any open invoices charged to th Agronomy or Fuel billing account(s) on a monthly basis.

## 9. Available Credit or Payoffs:

Any questions concerning your loan accounts (i.e. available credit or payoff) may be directed to:

- Darren Radde, Credit and Finance Manager darren.radde@co-alliance.com; (317) 745-4491
- Rachael Malicoat, Ag Finance Specialist rachael.malicoat@co-alliance.com; (317) 718-1545
- Your local branch



# **Co-Alliance Finance Application**

RIMARY APPLICANT NAME:							SSN OR TA	AX ID	
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URRENT ADDRESS			CITY			STATE	 ZIP		COUNTY
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SIGNATURE CO-APPLICANT #5



NAME OF	CROP INSUR	ANCE COMPANY									
					E-MAIL						
LOCAL AGENT NAME											
LOCAL AGENT ADDRESS					PHONE/	CELL PHO	NE NUMBER	₹			
				-	-						
TYPE OF C	ROP INSUR	ANCE AND COVER	AGE LEVEL, IF	APPLICABLE:							
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NO	YES										
HAS THE C	PERATION (	OR ANY OF THE A	PPLICANTS EVE	R FILED BANKE	RUPTCY?						
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<sup>\*</sup> Required if spouse or person other than Primary Applicant identified above has an interest in farming operations or assets listed on this application and is also a co-applicant. If applicable, signature required below.



NAME							CROP	YEAR		DATE	
										/	/
(A) TOTAL ACRES	OWNED	(B) TOTAL	ACRES	RENTED	TOTAL ACRES	SHARED	(C) YOUR SH	IARE		(A+B+C) YOUR	TOTAL ACRE
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ACRES											
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ON FARM USE											
LIST OF POTENT	TAL BUY	ERS									
NAME				ADDRESS		CITY		STATE		PHONE	
Co-Alliance, LLP		5250 E US Hwy 36			Avon		IN	46123	317-745-4	.491	
NAME			RRENI	ADDRESS		CITY		STATE	ZIP	PHONE -	-
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NAME	CROP YEAR	DATE
		/ /

YEAR	MAKE, MODEL & EQUIPMENT TYPE	LOAN BALANCE	COLLATERAL VALUE	EQUIPMENT LOCATED AT