

Loan Information:

Applicant Name: _____

Dealer Buy Down - _____%

Requested Amount \$ _____

Dealer Add-On + _____%

(Buy-down and add-on are subject to state law and your program contract.)

Credit History:

1. Applicant has been your customer for _____ year(s).
2. Total sales to applicant in last fiscal year were \$ _____.
3. Applicant currently owes \$ _____ for inputs purchases from _____ to _____.

Will this be applied to the loan? Yes No

4. Credit reputation in community: Excellent Good Average Poor

5. Applicant has paid open accounts with you by paying the balance:

- When statement is due
- End of the year
- Never completely pays off account
- Cash Only

Special Requests or Additional Comments:

I hereby certify that to the best of my knowledge, the information on the customer's application and this Cover Sheet are true and accurate.

Dealer Representative Signature

Date

Dealer Location (City and State)

(____) _____

Dealer Phone

(____) _____

Dealer Fax

PLEASE PRINT CLEARLY IN INK

TYPE OF LOAN: Check one box

Full Operating Line Dealer Purchases Grain Inventory PIP Grain Link

TYPE OF BUSINESS: (Refer to help index on back)

Individual/Proprietorship Partnership Corporation Other _____

GENERAL INFORMATION

First	Full Legal or Entity Name		Social Security or Tax ID Number	Year Began Farming	Date of Birth	Marital Status
	Middle	Last				
						Code M = Married U = Unmarried S = Separated

Provide explanation if answered yes

Do you sell farm products under names not identified on this application? Yes No _____

Are you involved in any other businesses, partnerships or corporations? Yes No _____

Are any of the applicants an Employee or Director of the dealer? Yes No _____

Address _____ Phone Number (____) _____

City, State Zip _____ Cell Phone Number (____) _____

E-mail address _____ County of Residence _____

LOAN REQUEST

Total Loan Request \$ _____

Dealer Purchases \$ _____

CROP INSURANCE

Crop Ins. Agent _____

Ins. Agent Phone Number (____) _____

Ins. Agent Address _____

FINANCIAL

Gross Farm Income \$ _____ Total Assets \$ _____

Non-Farm Income \$ _____ Total Liabilities \$ _____

Who is your primary lender? _____ Contact _____ Phone (____) _____

Last year's crop financed by _____ Contact _____ Phone (____) _____

Provide the following additional documentation with this application.

- Current balance sheet within 90 days with schedules if loan request is **greater than \$100,000**
- Last 3 years Tax Forms 1040 and Schedule F if loan request is **greater than \$250,000.**
- Two previous years balance sheet with schedules if loan request is **greater than \$500,000.**

(If applicant is an entity, then each participant will be required to provide the financial info as outlined above.)

If loan request is greater than \$100,000 and any information is missing should we contact the applicant directly? Yes No

Each of the undersigned specifically represents to lender and lender's agents, successors and assigns (Lender) that the information in this worksheet/application is true and complete. Lender can verify the information in this application and any information I subsequently add, and provide any information requested by my creditors. My creditors and insurance agents are authorized to provide all relevant information to Lender. Lender has permission to obtain a credit report for legitimate purposes in connection with this transaction, including making a credit decision, monitoring and collecting the account. Lender may share its credit decision and credit experience with the dealer and disburse loan proceeds directly to the dealer for the purpose requested in the application. Where there is more than one signature below, it is the intent of all to apply for joint credit. Ohio ECOA: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual request. The Ohio civil rights commission administers compliance with this law.

Applicant Signature _____ Date _____

Co Applicant Signature _____ Date _____

PARTNERS IN PRODUCTION® HELP INDEX

All information on the application needs to be completed.

TYPE OF BUSINESS – TO BE COMPLETED BY APPLICANT

PLEASE REFER TO SECTION 4 IN THE MANUAL FOR ENTITY FORMS

1. **Individual/Proprietorship:** Provide applicant name and social security number.
2. **Partnership:** Provide the following information with the application:
 - If the partnership is an informal partnership or a D/B/A, (complete informal partnership agreement form).
 - If the partnership is a formal partnership, provide a copy of the Partnership Agreement and amendments.
3. **Corporation:** Provide the following items with the application:
 - A copy of the Articles of Incorporation & Amendments, if any.
 - Completed Certificate of Stockholders & Officers form.
 - Completed Borrowing Authorization Resolution form.
1. **Other:** Limited Liability Company, Trusts, Estates, etc. (**Refer to section 4 in the manual**)

LEGAL DESCRIPTION (Where crops are grown)

- All fields must be completed in the following states: Louisiana and Mississippi
- Georgia — Complete all fields when applicable or FSA#, land lot #, district # record owner, county and state.
- All other states provide county and state.

If you have any questions, please call 800-867-6747, select option 1.

FAX COVER PAGE, PAGE 1, PAGE 2 AND ANY SUPPLEMENTAL PAGES

Applicant Name: (Please Print) _____

CROP PLANNING INFORMATION

Crop	Acres	Proven or FSA Yield	Total Production	(Less) Prod. Used for Feed *	(Less) Landlord's Share	Net Production	Insurance coverage: MPCl, CRC, etc.		Target Price	Total Crop Value
							Type	%		
*If feeding greater than 25% of total crop value, complete the dairy/livestock supplemental form.										Total crop value:

DO YOU HAVE FEDERAL CROP INSURANCE IN FORCE? Yes No **> IF YES, PLEASE INDICATE ABOVE**

ARE ALL PRIOR YEARS CROP INSURANCE PREMIUMS PAID? Yes No

INPUT COST (not required for credit approval)

Crop Inputs	Corn	Soybeans				Total
Total Acres						
Fertilizer Cost						
Chemical Cost						
Seed Cost						
Fuel Cost						
Total Input Cost						

LEGAL DESCRIPTION (Refer to help index on back of page 1)

Crop	Quarter (ex. - NW 1/4, SW 1/4)	Section No.	Twp. No. N or S	Range No. E or W	Farm No.	Legal Owner of Record	County/Parish	State

FSA INFORMATION

County and State FSA payments are received from	List all applicants receiving payments in this county.

Applicant Name: (Please Print) _____

ELEVATOR STORAGE

Warehouse Receipt Number	Type of Grain	Bushels

ON FARM STORAGE See Section 11 of Grain Inventory Loan Manual for Bushel Storage Capacity Charts

Type of Grain	Diameter of Bin	# of Rings Filled	Bushel Capacity per Ring	Estimated Stored Bushels	Common Property Description

Please note, a 10% error margin will be utilized in calculating the gross bushels available for loan consideration.

Commodity Credit Corporation Measurement Option: Loan applicant may elect to have CCC measure the grain stored on farm. If this is the case then the elevator needs only to attach a copy of measurement sheet certify the grain bushels held in storage. Under this option, no 10% error reduction will apply. Also, if the loan applicant elects to exercise this option, said applicant is responsible for the measurement fees charged by CCC.

LEGAL DESCRIPTION

Common Property Description	Quarter (ex. NW 1/4, SW 1/4)	Section No.	Twp. No. N or S	Range No. E or W	Farm No.	Legal Owner of Record	County/Parish	State

MARKETING PLAN

Forward Contracted (Complete Table) Open Market

Commodity	Bushels	Contract Price	Delivery Date
		\$	
		\$	
		\$	

Please attach copy of all contracts.

PARTNERS IN PRODUCTION® LOAN APPLICATION SUPPLEMENTAL PAGE
 (Use as an attachment to the PARTNERS IN PRODUCTION® LOAN APPLICATION.)

Applicant Name: (Please Print) _____

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