



# AGRICULTURAL CREDIT APPLICATION

APPLICANT'S EXACT LEGAL NAME	ADDRESS	TOWN	COUNTY	STATE	ZIP CODE
HOW LONG	DATE OF BIRTH	TELEPHONE NO. ( )	SSN/TAX ID	YRS. FARMING	FULL OR PART TIME
BILLING ADDRESS (If Different From Above)	ADDRESS	TOWN	COUNTY	STATE	ZIP CODE

PREVIOUS ADDRESS (If Less Than 5 Years At Present Address)	NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING AT THIS ADDRESS	RELATIONSHIP
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CUSTOMER TYPE <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	NAMES OF PARTNERS OR OFFICERS
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GROWING CROPS NEXT 12 MO.	IRRIG OR NON-IRRIG	ACRES OWNED PER CROP	ACRES RENTED PER CROP	AMOUNT OF CASH RENT OR PCT	GROSS INCOME	LIVESTOCK FOR SALE NEXT 12 MO.	NO. OF HEAD	ESTIMATED WEIGHT AT SALE	GROSS INCOME

NO. OF DAIRY COWS MILKED	MONTHLY GROSS DAIRY INCOME	OTHER EMPLOYMENT - NAME OF EMPLOYER	YEARS
MILK SOLD TO	ADDRESS	CITY, STATE	MONTHLY INCOME
OTHER FARM INCOME	TELEPHONE NO. ( )	POSITION	

MAJOR EQUIPMENT INDEBTEDNESS OR ON LEASE				
YEAR	DESCRIPTION	BALANCE DUE	AMT. OF PYTS.	LIENHOLDER - NAME, ADDRESS, TELEPHONE NO.

CREDIT REFERENCES	PAYMENT	ADDRESS	CONTACT PERSON	PHONE
PRIMARY BANK				
FCS, FHA, SBA, OTHER LOAN				

FINANCIAL STATEMENT AS OF:			
ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash on Hand and in Banks	\$ _____	Accounts Payable	\$ _____
Marketable Securities	\$ _____	Notes Payable	\$ _____
Accounts Receivable	\$ _____	Salaries and Wages	\$ _____
Land and Buildings	\$ _____	Mortgages and Real Estate	\$ _____
Equipment	\$ _____	Other Liabilities (Describe)	\$ _____
Crops in Storage	\$ _____	Total Liabilities	\$ _____
Other Assets (Describe)	\$ _____	Net Worth	\$ _____
Total Assets	\$ _____	Total Liabilities and Net Worth	\$ _____

EQUIPMENT INFORMATION							
A. Equipment:	QTY.	N/U	MAKE	MODEL	DESCRIPTION	SERIAL NO.	PRICE

B. Trade-in:	QTY.	YEAR	MAKE	MODEL	DESCRIPTION	SERIAL NO.	GROSS ALLOWANCE (-) AMT. OWING = NET TRADE-IN
							TOTAL PRICE \$ _____

TERM IN MONTHS	PAYMENT SCHEDULE <input type="checkbox"/> MO <input type="checkbox"/> QTRLY <input type="checkbox"/> S/A <input type="checkbox"/> A <input type="checkbox"/> OTHER	FIRST PAYMENT DUE	A.P.R.	CASH DOWN PAYMENT \$ _____
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INSURANCE INFORMATION			LEASE (ONLY)	
NAME OF INSURANCE COMPANY	POLICY NO.	EXP. DATE	LIABILITY LIMITS	
			PER OCCURRENCE	
NAME OF AGENT	AGENT'S PHONE NO.	DEDUCTIBLE	ANNUAL AGGREGATE \$ _____	

I (We) affirm that the foregoing information is true and correct and is given for the purpose of obtaining credit. References are authorized to provide relevant credit information to you. You are authorized to investigate my credit history and to release information about your credit experience with me.	APPLICANT'S SIGNATURE	DATE
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