

| Loan Information | | | | | |
|---|-------|--|---|------------------|-------------------------------|
| Loan Purpose CROP INPUT ADVANTAGE | | Maturity Date Requested (Month & Year) | | Amount Requested | |
| Applicant Information | | | Company Information | | |
| Entity Type (Check One): | | | Company Name | | |
| <input type="checkbox"/> Corporation | | <input type="checkbox"/> Joint Venture | Company Tax I.D. # | | Company State of Organization |
| <input type="checkbox"/> General Partnership | | <input type="checkbox"/> Limited Liability Co. | Company Street Address | | |
| <input type="checkbox"/> Sole Proprietorship | | <input type="checkbox"/> Limited Partnership | Company City | Company State | Company Zip |
| <input type="checkbox"/> Sole Proprietorship w/ DBA | | <input type="checkbox"/> Trust | Company Telephone | | |
| | | | Assets | Liabilities | |
| Primary Applicant or Principal 1 Information | | | Co-Applicant or Principal 2 Information | | |
| Full Legal Name (as shown on State Driver's License) | | | Full Legal Name (as shown on State Driver's License) | | |
| Title (if applicable) | | | Title (if applicable) | | |
| Address | | | Address | | |
| City | State | Zip | City | State | Zip |
| County | | | County | | |
| Home Phone | | Mobile Phone (optional) | Home Phone | | Mobile Phone (optional) |
| Email Address (optional) | | | Email Address (optional) | | |
| Social Security Number | | Date of Birth | Social Security Number | | Date of Birth |
| Assets | | Liabilities | Assets | | Liabilities |
| Marital Status - Married, Separated, or Unmarried (required for Sole Proprietorship only) | | | Marital Status - Married, Separated, or Unmarried (required for Sole Proprietorship only) | | |
| Spouses Full Legal Name (as shown on State Driver's License) | | | Spouses Full Legal Name (as shown on State Driver's License) | | |
| Spouses Social Security Number | | | Spouses Social Security Number | | |

For additional Applicants or Principals complete the Supplemental Information Sheet

Financial Questions

| | | |
|---|------------------------------------|---|
| 1) Applicant's Average Cash in Savings + Checking | \$ | |
| 2) Have any of the Applicant's declared bankruptcy in the last 14 years? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, which Chapter | <input type="checkbox"/> Chapter 7 | <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 |
| If Chapter 11, 12, or 13, has the bankruptcy been approved? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has it been discharged? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Are there any judgements against any of the Applicants? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) Are there any taxes delinquent? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5) Are any accounts payable delinquent? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6) Does Applicant sell any farm products under a name not listed on this Application? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If answer yes to any of the Financial Questions, please provide details in the Comments section | | |

Comments:

Signatures

Each of the undersigned represents and warrants that: 1) the information in the Credit Application and accompanying Worksheet, if applicable, is complete and correct as of the date shown below, to the best of my knowledge, 2) Lender is authorized to verify the information herein, 3) Lender is authorized to verify my employment history and obtain a credit report for legitimate purposes in connection with this Credit Application, including making a credit decision, monitoring, and collecting the account, 4) I authorize my creditors and insurance agents to release all information regarding my accounts or insurance policies to Lender, 5) Lender is authorized to share any information herein and its credit experience with my creditors and insurance agents, and the Association submitting this Credit Application, 6) I understand and agree that a facsimile of the Credit Application and Worksheet and my signature thereon shall be deemed an original, and 7) I authorize the Association to submit this Credit Application via Lender's web site.

| | | | |
|-----------------------|------|--------------------------|------|
| Applicant's signature | Date | Co-Applicant's signature | Date |
|-----------------------|------|--------------------------|------|

Applicant's Name: _____

Ref # (Internal): _____

| Location of Collateral | | | | | | |
|------------------------|-------|--------|-------------|--------------------|--------------|------------------|
| Landowner(s) Name | State | County | Total Acres | Producer's Share % | Type of Rent | Cash Rent Amount |
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| Potential Buyer Information | | | | | |
|-----------------------------|---------|------|-------|-----|-----------|
| Buyer's Name | Address | City | State | Zip | Telephone |
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| Collateral Value Calculation | | | | | | | | |
|---|-------------|----------------------|----------------|--------------------|-----------------------------------|----------|---|-------|
| Commodity | Total Acres | Producer's Share (%) | Approved Yield | Coverage Level (%) | Insurance Plan * | Price ** | = | Total |
| | X | X | X | X | | | | |
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| What percentage of crops listed above will be fed to livestock? _____ % | | | | | Total Production Collateral Value | | → | |

* Insurance Plan = RP, YP, APH, ARP, AYP, Hail Only, CAT, None ** Contact participating dealer representative for current commodity prices.

| Crop Insurance Agent Information | | | | | |
|----------------------------------|---------|------|-------|-----|-----------|
| Agency Name | Address | City | State | Zip | Telephone |
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