

YOUR CHOICE PLUS LOAN APPLICATION



Amount Requested (\$10,000 - \$100,000)				UPI Representative's Name:		
Applicant Information						
Entity Type				Company Name		
<ul> <li>Sole Proprietorship</li> <li>Sole Proprietorship w/</li> </ul>	<ul> <li>Corporation</li> <li>v/ DBA</li> <li>Limited Liability Company</li> </ul>			Address		
General Partnership	□ Trust		City			
Limited Partnership	ship 🗌 Joint Venture			State Zip		
If Applicant is not an individual, the authorized persons completing this				State Zip		
Application MUST ALSO PROVIDE THEIR NAME AND SOCIAL SECURITY NUMBER. Such persons understand they are also considered to be an Applicant and that they will be required to sign personally as a borrower			Company Telephone	Company Tax ID Number		
on any loan approved by CCC.				Company Net Worth		
Primary Applicant or Principal Information				Co-Applicant or Principal 2 Information		
Full Legal Name (first, middle, last)				Full Legal Name (first, middle, last)		
Title (if applicable)				Title (if applicable)		
Address				Address		
City	State	Zip		City	State	Zip
Home Phone	Mobile Phone			Home Phone	Mobile Phone	
Email Address				Email address		
Social Security Number		Date of Birth		Social Security Number	Date of Birth	
Net Worth (assets minus liabilities)		Working Capital		Net Worth	Working Capital	
Marital Status (married, separated, or unmarried – required for Sole Proprietorship)				Marital Status (married, separated, or unmarried – required for Sole Proprietorship)		
Spouse's Full Legal Name (first, middle, last)				Spouse's Full Legal Name (first, middle, last)		
Spouse's Social Security Number				Spouse's Social Security Number		
Loan Purpose:	# of Head Purchasing Pu			ırchase Weight	Anticipated Selling Weight	
Feeder Cattle:						
Feeder Lambs:						
Breeding Cattle:						
Breeding Sheep:						

## With a Requested Maturity Date of

(Maturity not to exceed 12 months for feeder livestock, and 3 yrs for breeding livestock)

This document authorizes the release to **Cooperative Credit Company (CCC)**, **128** Third Street NW, PO Box **80**, Sioux Center, IA, **51250**, and any and all information in anyone's care, custody and control concerning the Applicant, specifically including any individuals executing this Authorization. The Applicant hereby releases you as the custodian of such records, both individually and collectively, from any and all liability for damages of whatever kind which may result because of compliance with this Authorization for Release of Information. The Applicant further authorizes CCC to release to United Producers, Inc. and Producers Credit Corporation any and all information in CCC's care, custody and control concerning the Applicant, specifically including, but not limited to, financial statements and cash flow information as well as any information CCC receives pursuant to this Authorization. The Applicant hereby releases CCC from any and all liability for damages of whatever kind may result from CCC's compliance with this Authorization and Release. It is expressly agreed that a photocopy of this Application shall be as valid as an original.

Applicant's Signature