YOUR CHOICE LOAN

FOR OFFICE USE ONLY

Co-op Current Balance: Years with Co-op:





2023 Loan Information								
Crop Year:	Co-op Account #:	Amount Requested (Min \$2,500 – Max \$350 (If request exce	,000) eds \$150,000, please fill out page #3)	Agronomist Name				
Applicant Information								
Entity -	Гуре		Company Name					
Sole Proprietor	Corporation .		Address					
Sole Proprietor w/ dba	Limited Liability C	ompany						
General Partnership	Trust		City					
Limited Partnership	Joint Venture		State	7in				
If Annicont is not an individual the sutherized necessary complete		completing this	State	Zip				
If Applicant is not an individual, the authorized persons completing this Application MUST ALSO PROVIDE THEIR NAME AND SOCIAL SECURITY NUMBER. Such persons understand they are also considered to be an		Company Telephone	mpany Telephone Company Tax ID Number					
Applicant and that they will be required to sign personally as a borrower 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					

Potential Crop Buyer Information	າ (other than A s	pinwall Coop	perative (Co.)					
Buyer's Name	Address		City			State	Zip		Telephone
Any of crops fed to livestock? ☐ Y	es 🗌 No	If yes, appro	oximate %	6 of crops	s fec	d: %			
Collateral Value Calculation									
Commodity	Total Acres	Total Acres Rented	Average C	ash Rent	Ave	erage APH	Coveraç	ge Level (%)	Insurance Type *
								%	
								%	
								%	
*Insurance Type: RP, YP, APH, GRIP, GRP, Ha	il Only, CAT, None								
Crop Insurance Agent Information	n								
Agency name	Address			City			State	Zip	Telephone
Counties farmed in:				1					
The Applicant designated below is reque of purchasing crop inputs at Aspinwall C advances will be made payable to the MStreet NW , PO Box 80,Sioux Center , IA including any individuals executing this A any and all liability for damages of whate authorizes CCC to release to Member an financial statements and cash flow inform any and all liability for damages of whate to Cooperative Credit Company, 128 This this Application shall be as valid as an or	cooperative Co., ember and not to A, 51250, and Me, uthorization. The ver kind which m by and all information as well as ver kind may res	, Aspinwall, IA, (any other party. ember any and all e Applicant hereb nay result because ation in CCC's car any information Cult from CCC's co	hereinafter This docur I information y releases e of complia re, custody CCC receive compliance v	"Member" ment author in anyon you as the ance with the and controller pursuant this Author in the second controller pursuant t) for to rizes e's cast cust this A cornt to to the right of the right	the stated crop yes the release to Gare, custody and todian of such re Authorization for neering the Appthis Authorization and Rele	year. The Coopera of control cords, be Release olicant, so no The A ase. Ple	e Applicant und tive Credit Cor concerning the oth individually of Information. pecifically inclu- pplicant hereby ease submit the	lerstands all loan mpany, 128 Third Applicant, specifically and collectively, from The Applicant further ding, but not limited to, releases CCC from completed application
After completing this application, pri	nt and sign pri	or to submitting	ļ.						
Applicant's Signature		Date	Co	-Applicant's	s Sign	nature			Date

	pplication as directed. If a Partnership Corporation, or LLC, include balance sheet with supportion mber. Include any interest held by a co-applicant including spouse, if applicable. A bank preparation below.
statement may be substituted and maned with the application in ned i	of filling out the balance sheet information below.
Balance Sheet Date	
Assets	Liabilities
Cash, Checking, Savings	CCC Loans
Securities	Operating Principal
Accounts Receivables	Accounts Payable
nvestment in Growing Crop	Current Intermediate Debt
Feed & Grain Inventory	Current Long-Term Debt
Market Livestock	Leases
Government Payments	Other:
Other:	
Total Current Assets	Total Current Liabilities
Breeding Livestock	Notes Payable
Machinery & Equipment	Machinery & Equipment Loans
Vehicles	Vehicle Loans
Other:	Other:
Total Intermediated Assets	Total Intermediate Liabilities
Real Estate Value	Mortgage Loans
Buildings	Other:
Other:	
Total Long-Term Assets	Total Long-Term Liabilities
Total Long-Term Assets	
Total Assets	Total Liabilities
	Net Worth
For numbers of securing credit, the undersigned 1) certifies this	statement is true and correct as of the date specified: 2) agrees to promptly notify
Cooperative Credit Company of any material change; and 3) ack	statement is true and correct as of the date specified; 2) agrees to promptly notify knowledges receipt of a copy of this statement.
After completing this balance sheet, print and sign prior to	submitting.
Signatura	
Signature	Signature

Applicant Name _____