



APPLICATION

Section 1: (Required by all applicants)

Loan Purpose: Crop Inputs	Loan Amount Requested:	BRM:
Retailer: Ncpf o ct mUgt xlegu'Eqqr	Loan Type:	Crop Year:
Applicant is a: <input type="checkbox"/> Joint Operation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership ¹ <input type="checkbox"/> Corporation ¹ <input type="checkbox"/> Limited Liability Company ¹ ¹ Submit legal entity documents with application.		
Location of branch where majority of Participating Retailer business is conducted:		Name of Agronomy Rep:

Entity Name:	Entity TIN:		
Applicant's (Legal) First Name:	Middle Initial:	Last Name:	
SS#:	Street Address:	City:	State: Zip:
County of Residence:	No. of yrs at residence:	Counties farmed in:	
Home Phone:	Cell:	e-mail:	
Date of Birth:	Yr Began Farming:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	
Spouse (Legal) First Name:	MI:	Last Name:	
SS#:	Date of Birth:	Yr Began Farming:	

Co-Applicant's (Legal) First Name:	Middle Initial:			Last Name:	
SS#:	Street Address:	City:	State:	Zip:	
County of Residence:	No. of yrs at residence:	Counties farmed in:			
Home Phone:	Cell:	e-mail:			
Date of Birth:	Yr Began Farming:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single			
Spouse (Legal) First Name:	MI:	Last Name:			
SS#:	Date of Birth:	Yr Began Farming:			

SUMMARY OF FINANCIAL POSITION AS OF BALANCE SHEET DATED (INSERT DATE)

Income	Assets	Liabilities
Gross Farm Income:	Current Assets:	Current Liabilities:
Non-Farm Income:	Intermediate Assets:	Intermediate Liabilities:
Source of Non Farm Income:	Long Term Assets:	Long Term Liabilities:
	Total Assets:	Total Liabilities:
Net Worth:		

NOTE: If loan request > \$200,000, applicant is to submit expanded **SIGNED** balance sheet dated within 60 days of the application date.

CROP INSURANCE INFORMATION

Insurance Agency Name:	<input type="checkbox"/> None	Agent Name:
Insurance Agency Address:	Phone:	Insurance Premium Current: <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have a crop insurance claim within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which year(s): _____		

Disclosures, Signatures and Authorizations

By signing below, I/we certify that this information, together with any additional information provided, is a true, correct and complete statement of our financial condition as of the date indicated and that our financial condition has not materially changed. I/We hereby authorize AgQuest/Verity/Northland Capital to request any Protected Information and/or Personally Identifiable Information including but not limited to my farming operation, insurance policies acquired from Policy Company, USDA, Comprehensive Information Management System, or any agent that is protected from disclosure by the Privacy Act, section 502© of the Federal Crop Insurance Act (Act) or any applicable statute. I/We consent to any credit and employment investigation (both in the current and future years) necessary to act on or verify the supplied information. Upon receipt of the application, applicant(s) shall be notified by a representative of AgQuest/Verity or the Participating Retailer as to any additional information needed to formalize applicant's loan request.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

REFERENCES

Primary Lender:	Contact:	Phone:
Major Supplier of Inputs:	Contact:	Phone:

Section 2:

NOTE: If loan request <\$200,000 enter **Income & Expense** below. If loan request > \$200,000 submit **Cash Flow #F115**.

INCOME

Date:

CROP	ACRES	PROJ. YIELD	APP. SHARE	AVG. PRICE	AVG. \$/ACRE	TOTAL
			%	\$	\$	\$
			%	\$	\$	\$
			%	\$	\$	\$
			%	\$	\$	\$
			%	\$	\$	\$
			%	\$	\$	\$
			%	\$	\$	\$
			%	\$	\$	\$
TOTAL ACRES						TOTAL CROP INCOME
Are any crops fed to livestock? <input type="checkbox"/> Yes <input type="checkbox"/> No						TOTAL OTHER INCOME
If yes, how much?						TOTAL PROJECTED INCOME

EXPENSE

DIRECT INPUTS	\$ Amount bought from Retailer	% of Total Needs	Discount Available
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
TOTAL	\$		%

For Internal Use Only

# _____ Direct or DirectMAX Date: _____ Analyst _____ _____ AIMS _____ Web Time _____ Agri-Access _____ Agri-Access Fax	# _____ Companion I II III IV Date: _____ Analyst _____ _____ AIMS _____ Lien EM/Web/FX _____ FinPack _____ Credit Bureau _____ Agri-Access	# _____ Increase \$ _____ Date: _____ Analyst _____ Orig # _____	# _____ Plus Review/Adv Limit Lift Date: _____ Analyst _____ _____ Updated Inputs _____ Uploaded Worksheet _____ Agri-Access Faxed _____ Updated Crop Info.
Borrower Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			