

SECTION 1: (Required by all Applicants)

BRM:		<input type="checkbox"/> Loan		<input type="checkbox"/> Lease	
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.					
Retailer: Landmark Services		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:
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:
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:	

REQUESTED LOANS/LEASE:

Operating Loans	Chattel Loans	Real Estate Loans	Lease
	<input type="checkbox"/> New <input type="checkbox"/> Used		
Amount:	Amount:	Amount:	Amount:

SECTION 2: (1 Primary Lender and 1 Supplier required on loan requests <\$100,000, All Fields required on requests >\$100,000)

REFERENCES:

Primary Lender:		Contact:	
Checking#:		Loan#:	Phone#:
Secondary Lender:		Contact:	
Checking#:		Loan#:	Phone#:

SUPPLIERS:

Name:	Contact:	Phone#:
Name:	Contact:	Phone#:

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

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Crop Income & Expense Worksheet

SECTION 3-A: (Required for Crop Operating Loan Request)

Crop Income Projections		PROVEN	Applicants		ADV	Amount of
CROP	ACRES	YIELD	Share	PRICE*	TOTAL	Financing Available
Corn			%			90%
Soybeans			%			90%
Specialty Crops			%			70%
			%			%
Total Acres			Total Crop Income			\$ Avail.
				Projected \$/Acre		Finance per Acre

Are any crops fed to livestock? Yes No If yes, how much?

SECTION 3-B: (Required on all loan requests >\$100,000 – Attach entire Cash Flow if possible)

INPUT COST EXPENSE	Cost / Acre	Total \$
Seed		
Fertilizer		
Chemical		
Ag Services		
Petroleum		
TOTALS:		

OTHER EXPENSE	Cost / Acre	Total \$	OTHER EXPENSE	Cost / Acre	Total \$
Labor			Dues & Subscriptions		
Repairs			Legal & Professional		
Rent (land)			Car & Truck		
Custom Hire			Utilities		
Taxes (property)			Miscellaneous		
Insurance (crop)			Family Living		
Insurance (property)			Total Other Expenses:		
Other			TOTAL EXPENSES:		
Supplies			NET CASH FLOW:		

SECTION 4: (To be completed on all equipment loan and lease requests)

Fully describe the item(s) to be financed (include year, make, model, hours and serial#)(If entire M&E attach inventory list #F822):

Estimated Purchase Price: Requested Term: Requested Payment Frequency:

If equipment purchase, Seller/Dealer Name, Address and Phone#:

Will the equipment to be financed be used for custom work: Yes No

If yes, estimate useage level (hrs/yr or acres/yr or miles/yr):

If Lease – Term (yrs): Payment Amount:

SECTION 5: (To be completed on all real estate lease requests)

Fully describe Real Estate to be financed (#Acres, Buildings, etc.):

State: County: Section: Township: Range:

Estimated purchase price or fair market value:

Requested Amortization: Years: Payment Frequency:

Current Owner of Real Estate: