



COMMERCIAL LOAN APPLICATION

Date: _____

PLEASE READ CAREFULLY: In completing this loan application and all financial statements and supporting schedules, you need not furnish any information concerning your spouse or former spouse unless: (1) your spouse will be contractually liable for the loan applied for; (2) you reside in a community property state or collateral for the loan is located in a community property state; (3) you are relying on your spouse's income or on alimony, child support, or separate maintenance payments from your spouse or former spouse as a basis for repayment of the loan applied for.

ASSOCIATION / LOCATION	ASSN NO.	LOAN NUMBER

APPLICANT	PLEASE TELL US ABOUT YOUR OPERATION BACKGROUND:
Name: _____	Where are your headquarters: State: _____ County: _____
Address: _____	Do not complete if this is an application for individual unsecured credit.
City: _____ State: _____ Zip: _____	Marital Status: _____ M- Married U- Unmarried (includes: single, divorced, widowed) SP - Separated
SSN/Tax ID: _____ Birthday: _____	0 - None 9 - Relative of Employee 1 - Joint Director 10 - ACA Dir.
Phone: _____ Bus Phone: _____	2 - FLBA/FLCA Dir. 11 - AgVantis Employee 3 - PCA Dir. 12 - Bus. Relationship with Employee
FAX: _____ Mobile Phone: _____	4 - Farm Credit Bank Dir 13 - Bus. Relationship with Director 5 - Farm Credit Admin. Dir 14 - Other Insider Loans 6 - Assn Employee or Director 15 - Relative of Employee 7 - Bank Employee 16 - Relative of Director 8 - FCA Employee
Email: _____	Are you a(n): _____
	What year did you begin farming? _____ Acres Operated: _____
	Primary Farm Product: _____

PLEASE TELL US ABOUT YOUR PRESENT EMPLOYMENT.

Employer: _____	Employer Phone Number: _____
Address: _____	Years employed: _____
City: _____ State: _____ Zip: _____	Annual Salary wages: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS. (If yes, attach letter of explanation.)

(1) Have you incurred liabilities to pay alimony, child support or separate maintenance? (If "YES," state the annual amount and years in explanation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are there any outstanding judgments against you or have you had property foreclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Have you ever had any debt forgiven by a lender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Have you ever declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are you an active duty service member, or the spouse or child of an active duty service member?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE LIST YOUR CREDIT REFERENCES.

Name	Account	Address

ADDITIONAL APPLICANT	
CO-APPLICANT	PLEASE DESCRIBE YOUR OPERATION BACKGROUND:
Name:	Where are your headquarters: State: ___ County: ___
Address:	Do not complete if this is an application for individual unsecured credit.
City: State: Zip:	Marital Status: ___ M- Married U- Unmarried (includes: single, divorced, widowed) SP - Separated
SSN/Tax ID: Birthday:	0 - None 9 - Relative of Employee 1 - Joint Director 10 - ACA Dir.
Phone: Bus Phone:	2 - FLBA/FLCA Dir. 11 - AgVantis Employee 3 - PCA Dir. 12 - Bus. Relationship with Employee
FAX: Mobile Phone:	4 - Farm Credit Bank Dir 13 - Bus. Relationship with Director 5 - Farm Credit Admin. Dir 14 - Other Insider Loans 6 - Assn Employee or Director 15 - Relative of Employee 7 - Bank Employee 16 - Relative of Director 8 - FCA Employee
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(4) Have you ever declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are you an active duty service member, or the spouse or child of an active duty service member?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Name	Account	Address

PLEASE LIST THE PURPOSES FOR WHICH THE LOAN WILL BE USED. (To the nearest \$)		
LOAN PURPOSE	COMMENT	APPLIED FOR
TOTAL PURPOSES REQUESTED		\$
PLEASE CHECK THE APPROPRIATE BOXES FOR OUR TRUTH-IN-LENDING DISCLOSURES.		
Credit is primarily for business, commercial, or agricultural purposes.	<input type="checkbox"/>	
The applicants expect to use the security as their principal residence.	<input type="checkbox"/>	
Loan will be used for construction or purchase of the principal residence.	<input type="checkbox"/>	
There is a dwelling located on collateral.	<input type="checkbox"/>	
PLEASE PROVIDE DETAILS OF THE PROPERTY TO BE OFFERED AS COLLATERAL.		
Legal Description: (Attach additional sheets, if necessary.)		
Number of Acres: _____ County(ies): _____ State(s): _____		
Type of Title Evidence to be furnished:	<input type="checkbox"/> Abstract <input type="checkbox"/> Title Insurance <input type="checkbox"/> Torrens Certificate	Collateral Ownership: _____ 1-Individual 2-Partnership 3-Corporation
Names title will be held in:	4-Estate 5-Trust 6-Guardian	7-Combination 8-LLC
Are mineral rights owned (to be owned)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many acres? ____ What percent ownership? ____%
Will water rights be offered as collateral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRAZING PRIVILEGES OFFERED AS COLLATERAL.		
Public Domain (Form 4144 Required):	<input type="checkbox"/>	
Acres of State Lease (Lease Required):		
National Forest (Form 4113 Required):	<input type="checkbox"/>	
Grazing Association (Identify Assn.):		

PLEASE INDICATE YOUR PREFERRED LOAN TYPE / TERMS BELOW.	
Payment Plan: _____ 1-Equal Payments 2-Decreasing Payments	Other: _____
Product Type: <input type="checkbox"/> 1 yr ARM <input type="checkbox"/> 3 yr ARM <input type="checkbox"/> 5 yr ARM <input type="checkbox"/> Variable Rate <input type="checkbox"/> Fixed Rate	
Payment Frequency: _____ (Monthly, Quarterly, Semi-Annual, or Yearly)	<input type="checkbox"/> Other: _____
Loan Term: _____	Amortization Term : _____
First Payment Due: _____	

PLEASE PROVIDE THE FOLLOWING ENVIRONMENTAL DISCLOSURES.

- | | |
|---|---|
| <p>(1) Is any property you own or are acquiring subject to any governmental notice of hazardous waste properties? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:</p> <p>(2) Is there any existing or potential environmental contamination on any property you own or will acquire (toxic waste, asbestos, pesticide)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:</p> <p>(3) Have you disposed of any substances considered as toxic or hazardous or that might cause environmental contamination? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:</p> | <p>(4) To your knowledge, are there any adjacent or nearby properties subject to environmental notice or on a governmental list of hazardous properties? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:</p> <p>(5) Are there any known past practices on your property which would have contributed to hazardous waste contamination? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:</p> <p>(6) Are there underground storage tanks on your property? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, have you obtained the proper permits? <input type="checkbox"/> Yes <input type="checkbox"/> No
What are their ages (years)? _____
Are they in use? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Tanks _____
Location _____</p> |
|---|---|

REQUEST AND AUTHORIZATION

I (we) certify that the information provided is true and correct to the best of my (our) knowledge and belief. Applicant(s) acknowledges that the Association has made no commitment, express or implied, to extend credit and that nothing contained in this application and agreement shall be construed to commit the Association to extend new or renew existing credit to Applicant(s).

In the event credit is extended pursuant to this application, the undersigned Applicants constitute and appoint _____ to act for and on behalf of all Applicants, to do and perform any and all lawful acts or things necessary, individually in his (her) name in accepting, receiving, and receipting for disclosures and the proceeds of the loan. Applicant(s) hereby authorizes the Association to withhold any pay from the loan proceeds; (a) such amounts as may be necessary to satisfy any or all existing liens upon the property offered as security for the loan to Applicant(s); (b) the amount necessary to purchase stock in the Association in accordance with the requirements of the Association's bylaws; (c) any amount required by the Association's bylaws to be invested in equity reserve; and (d) any or all charges and fees assessed by the Association in connection with such extension of credit, including but not limited to loan services fees, filing or recording fees, notary fees, and any or all other charges or fees incident to making of the loan to Applicant(s).

In conjunction with this application, I (we) agree and consent that the Association may obtain a credit report, employment and income verification, or any other information relating to my (our) financial position. Any person or firm is hereby authorized to provide such information requested by the Association.

In the event credit, in any amount, is extended to Applicant(s) pursuant to this application, Applicant(s) understands and agrees that such credit and any and all future extensions of credit by the Association are subject to the terms and conditions above, in addition to such other terms and conditions as may be contained in any promissory notes, additional advance applications, loan agreements, security agreements, financing statements, mortgages or deeds of trust, and any other instruments executed by Applicants(s) in connection to such extension or extensions of credit.

If the credit is extended, I (we) subscribe for capital stock in the Association, as from time-to-time may be required in accordance with the Association bylaws, and apply for membership in the Association. Stock shall be carried on the Association's books in the names of all owners, if more than one, as joint tenants (unless requested otherwise in writing). The undersigned owners of the stock constitute and appoint _____ a joint owner of the stock, to act for and on behalf of all owners, with full power of substitution, to do and perform any and all lawful acts or things necessary, individually on his (her) name: (1) in voting of said stock and in all other Association matters; (2) in accepting, receiving, and receipting for disclosures and the proceeds of the stock. The undersigned owners of the stock, in the absence of the party above designated to vote, hereby appoint N/A a joint owner of the stock, to act for and on behalf of all owners with full power of substitution. This authorization shall continue until such time as it is revoked by one or more owners of the stock.

Applicant(s) irrevocably authorize the Association, at any time, to file Uniform Commercial Code financing statements that the Association deems appropriate covering any property that the Association anticipates it will require or has required as collateral.

NOTICE TO APPLICANT

- 1) Do not sign this application and agreement before you read it.
- 2) You are entitled to a copy of this application and agreement.
- 3) We may order an appraisal to determine the property's value and charge you for this appraisal. If your loan is to be secured by a lien on a dwelling, you have the right to a copy of any appraisal completed in connection with your application for credit. We will promptly give you a copy of such appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

APPLICANT'S SIGNATURE

Applicant(s)	<input type="checkbox"/>	DOES	<input type="checkbox"/>	DOES NOT want credit life insurance	_____	(Initials)
Co-Applicant(s)	<input type="checkbox"/>	DOES	<input type="checkbox"/>	DOES NOT want credit life insurance	_____	(Initials)
Co-Signer(s)	<input type="checkbox"/>	DOES	<input type="checkbox"/>	DOES NOT want credit life insurance	_____	(Initials)
Applicant	<input type="checkbox"/>	DOES	<input type="checkbox"/>	DOES NOT want crop insurance	_____	(Initials)

I / We understand that optional Credit Life Insurance is offered under a separate application, subject to approval of the insurance company and that the Association will not discriminate against me if insurance is obtained elsewhere.

If you intend to apply for joint credit, please initial here:

Applicant

Co-Applicant

Date: _____
