



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.

Table with 3 columns: ASSOCIATION / LOCATION, ASSN NO., LOAN NUMBER

APPLICANT section containing personal information and operation background questions.

PLEASE TELL US ABOUT YOUR PRESENT EMPLOYMENT section.

PLEASE ANSWER THE FOLLOWING QUESTIONS section with Yes/No checkboxes.

PLEASE LIST YOUR CREDIT REFERENCES section with Name, Account, and Address columns.

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:		
Phone:	Bus Phone:	Ext.	
FAX:	Email:		
		Are you a(n): __ 0- None 9- Relative of Employee or Director 1- Joint Director 10- ACA Dir. 2- FLBA/FLCA Dir. 11- AgVantis Employee 3- PCA Dir. 12- Bus. Relationship with Employee 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	
		What year did you begin farming? __ Acres Operated: __	
		Primary Farm Product: __	

PLEASE TELL US ABOUT YOUR PRESENT EMPLOYMENT.

Employer:	Employer Phone Number:	Ext.
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.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(2) Are there any outstanding judgments against you or have you had property foreclosed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(3) Have you ever had any debt forgiven by a lender?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(4) Have you ever declared bankruptcy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(5) Are you an active duty service member, or the spouse or child of an active duty service member?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

PLEASE LIST YOUR CREDIT REFERENCES.

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.

The applicants expect to use the security as their principal residence.

Loan will be used for construction or purchase of the principal residence.

There is a dwelling located on collateral.

PLEASE INDICATE YOUR PREFERRED REPAYMENT PLAN. (To the nearest \$)

PROPOSED REPAYMENT PLAN		
Source	Amount	Date
TOTAL PLANNED REPAYMENTS		

PLEASE INDICATE YOUR PREFERRED LOAN TYPE / TERMS BELOW.

Amortization Term: ____ Payment Frequency: ____ (Monthly, Quarterly, Semi-Annual, or Yearly)

Product Type Requested: First Payment Due: ____ Loan Processing:

Variable Operating Loan Variable Term Loan Revolving Line of Credit

Adjustable Operating Adjustable Term Budgeted Loan

Fixed Operating Loan Fixed Term Loan Personal Property

Real Estate Requested Maturity Date: ____

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>
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REQUEST AND AUTHORIZATION

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: _____

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