



APPLICATION FOR GRAIN ACCOUNT ONLY

Credit Department Use Only:	
Account Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Number:	_____
Date:	_____

TYPE OF APPLICANT – Check appropriate box – check only one of the boxes	
<input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Entity: <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Other _____	

APPLICANT INFORMATION – To be completed if Individual / Sole Proprietor box is checked above				
Last Name		Legal First Name		MI
Mailing Address		City	State	ZIP Code
Phone/Cell Number	Email Address			
Social Security or Tax ID Number	Date of Birth (mm/dd/yy) or Incorporation Date		Driver's License #	

ENTITY INFORMATION – To be completed if LLC, Corporation, Partnership, Trust / Estate, or Other box is checked above			
Entity Name – as shown on your income tax return		Date of Incorporation / Organization	State
Federal ID Number	Name of Subsidiaries		
Mailing Address	City	State	ZIP Code
Email Address	Phone Number	Alt. Phone Number	

This section **MUST** be completed by owners of LLC's, Corporations, Partnerships, Trust / Estate, or Other (Shareholders, Partners, Authorized Officers, Trustees, Personal Representatives, or Members) Please note: LLC's, Corporations, Partnerships, Trust / Estate, or Other must also sign as Individuals. Entity accounts must complete attached personal guaranty of corporate debts.

OWNER INFORMATION (Shareholder, Partner, Trustee, Personal Representative, or Member)			OWNER INFORMATION (Shareholder, Partner, Trustee, Personal Representative, or Member)		
Last Name	Legal First Name	MI	Last Name	Legal First Name	MI
Social Security Number	Date of Birth (mm/dd/yy)	% Owner	Social Security Number	Date of Birth (mm/dd/yy)	% Owner
Mailing Address			Mailing Address		
City	State	ZIP Code	City	State	ZIP Code

OWNER INFORMATION (Shareholder, Partner, Trustee, Personal Representative, or Member)			OWNER INFORMATION (Shareholder, Partner, Trustee, Personal Representative, or Member)		
Last Name	Legal First Name	MI	Last Name	Legal First Name	MI
Social Security Number	Date of Birth (mm/dd/yy)	% Owner	Social Security Number	Date of Birth (mm/dd/yy)	% Owner
Mailing Address			Mailing Address		
City	State	ZIP Code	City	State	ZIP Code

ADDITIONAL INFORMATION	APPLICANT	JOINT APPLICANT
Does anyone possess a lien or security interest on your crops?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If on shares, please indicate split on expenses and/or grain sales: _____

APPLICANT SIGNATURE – MUST be signed by ALL applicants (authorized signature for entity)

I understand this application is for grain only. Everything that I have stated in this application is correct as of the date listed below the best of my knowledge. I understand that in making a decision on my application, Farmers Cooperative is relying on this information. I understand that Farmers Cooperative will retain this information whether or not it is approved. I understand and agree that a facsimile of this application and my signature thereon shall be deemed an original.

Applicant Signature _____

Date _____

