



CREDIT APPLICATION

Credit Department Use Only:
 Account Approved: Yes No
 Account Number: _____
 Date: _____

TYPE OF APPLICANT – Check appropriate box – check only one of the boxes

Individual / Sole Proprietor Entity: Limited Liability Company Corporation Partnership Trust/Estate Other _____

I request that my account be made Cash on Delivery (“COD”) only and do not wish to have my bank contacted or my credit score checked. I hereby agree to pay for any product and/or services as they are provided to me and will not accumulate a balance on my account.

INDIVIDUAL / SOLE PROPRIETOR INFORMATION – To be completed if Individual / Sole Proprietor box is checked above

Last Name		Legal First Name		MI	Social Security Number		Date of Birth (mm/dd/yy)	
Mailing Address				City		State	ZIP Code	
Phone/Cell Number		Email Address			Receive Email Statements? <input type="checkbox"/> Yes <input type="checkbox"/> No		Receive Newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver’s License #		Employer & Occupation				Employer Phone Number		

SPOUSE / CO-APPLICANT INFORMATION – Are you applying with a spouse / co-applicant? Yes No

Last Name		Legal First Name		MI	Social Security Number		Date of Birth (mm/dd/yy)	
Phone/Cell Number		Email Address				Driver’s License #		
Employer & Occupation				Employer Phone Number				

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			Tax Exempt? <i>Include copy of tax-exempt certificate</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
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	



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LIMITED FINANCIAL INFORMATION	
Gross Farm/Business Income (most recent full year)	Amount of Annual Debt Service Payments
Applicant's Total Assets	Amount of Annual Debt Service Payments
List Other Income and Source(s) (annual gross from sources other than farming)	
List Names of Creditors and Amounts Owed to Each	

PRIMARY BANK REFERENCE — MUST be completed by ALL applicants				OTHER CREDIT REFERENCE (Non-Bank or Credit Card)			
Bank Name		Contact Name		Name			
Mailing Address				Mailing Address			
City		State	ZIP Code	City		State	ZIP Code
Phone Number		Fax Number		Phone Number		Fax Number	
OTHER CREDIT REFERENCE (Non-Bank or Credit Card)				OTHER CREDIT REFERENCE (Non-Bank or Credit Card)			
Name		Contact Name		Name			
Mailing Address				Mailing Address			
City		State	ZIP Code	City		State	ZIP Code
Phone Number		Fax Number		Phone Number		Fax Number	

PRODUCTION INFORMATION		
Total Acres Owned	Total Acres Rented	Total Acres Farmed

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

PURCHASES — Select ALL that apply	CREDIT LIMIT — Balance Sheet required for any credit limit over \$75,000
<input type="checkbox"/> Grain <input type="checkbox"/> Agronomy <input type="checkbox"/> Energy (Fuel, Propane, Tires, etc.) <input type="checkbox"/> Feed	Desired Credit Limit

ADDITIONAL INFORMATION	APPLICANT		JOINT APPLICANT	
Are there any judgments against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you declared bankruptcy in the last 14 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a party to a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of your taxes delinquent or under dispute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you delinquent on any accounts payable, including cash rent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you contingently liable (as a guarantor or otherwise) on any debts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does anyone possess a lien or security interest on your property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any question, please explain and/or indicate the name and address of the party, and for what amounts?				

