

## **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; or (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 NO.		
APPLICANT	LICANT PLEASE TELL US ABOUT YOUR OPERATION BACKGROUND:			
Name	Where is your operation head	dquarters:		
Address	State:			
City State Zip	Marital Status:     D-Divorced SP-Separated     M-Married W-Widow/Widower     S-Single W-Widow/Widower       Are you a(n):     0-None     5 - Farm Credit Admin. Dir 6 - Association Employee or Director			
SSN/Tax ID Birthday	2 - FLB 3 - PCA	A/FLCA Dir. 7 - Bank Employee		
Phone FAX	What year did you begin farm	10- ACA Dir.		
Bus.	Primary Farm Product:			
Email	Acres Operated:			
PLEASE TELL US ABOUT YOUR PRESENT EMPLOYMENT.	1			
Employer	Employer Phone Number:			
Address	Years employed here:			
City State Zip	Annual Salary Wages: \$			
CO-APPLICANT	PLEASE TELL US ABOUT YOUR OPERATION BACKGROUND:			
Name	Where is your operation head	lquarters:		
Address	State:	County:		
City State Zip	Marital Status: D-Divo SP-Sepa	rced M-Married S-Single rated W-Widow/Widower 5 - Farm Credit Admin. Dir		
SSN/Tax ID Birthday	3 - PCA	Dir. 7 - Bank Employee Dir. 8 - FCA Employee		
Phone FAX	4 - Farn What year did you begin farr	n Credit Bank Dir 9 - Relative of Émployee or Director 10- ACA Dir. ning?		
Bus.	Primary Farm Product:			
Email	Acres Operated:			
PLEASE TELL US ABOUT YOUR PRESENT EMPLOYMENT.				
Employer	Employer Phone Number:			
Address	Years employed here:			
City State Zip	Annual Salary Wages: \$			
PLEASE ANSWER THE FOLLOWING QUESTIONS. (If yes, attach letter of explanation.)				
	Applicant	Co-Applicant		
<ol> <li>Have you incurred liabilities to pay alimony, child support or separate maintenance? (If "Yes," state annual amount and years in explanation.)</li> </ol>	Yes No	Yes No		
2. Are there any outstanding judgements against you or have you had property foreclosed?	Yes No	Yes No		
3. Have you ever had any debt forgiven by a lender?	Yes No	Yes No		
4. Have you ever declared bankruptcy?	Yes No	Yes No		

NOTE: Alimony, child support or separate main SOURCE	ntenance need not be revealed if it will not be considered as a basis f		L AMOUNT
		\$	
		\$	
		\$	
		\$	
		\$	
	TOTAL NON-FARM	INCOME \$	
LEASE LIST YOUR CREDIT REFERENCE	S.		
Vame	Account Number		
Address	City	State	Zip
lame	Account Number		
Address	City	State	Zip
lame	Account Number		
Address	City	State	Zip
Vame	Account Number		
CO-APPLICANT - PLEASE DESCRIBE YOU	City IR NON-FARM INCOME BELOW. (Attach sheets, if needed) ptenance need not be revealed if it will not be considered as a basis f	State	Zip
CO-APPLICANT - PLEASE DESCRIBE YOU	·	for repaying this loan. ANNUA \$ \$	Zip L AMOUNT
CO-APPLICANT - PLEASE DESCRIBE YOU NOTE: Alimony, child support or separate main	R NON-FARM INCOME BELOW. (Attach sheets, if needed)	or repaying this loan. ANNUA \$ \$ \$ \$	
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ADDITION	NAL APPLICANT
	PLEASE TELL US ABOUT YOUR OPERATION BACKGROUND:
Name	Where is your operation headquarters:
Address	State:         County:
City State Zip	Marital Status:       D-Divorced SP-Separated       M-Married W-Widow/Widower       S-Single W-Widow/Widower         Are you a(n):       0 -None       5 - Farm Credit Admin. Dir 1 - Joint Director       6 - Association Employee or Director         2       FLR ACH CO Director       7 - Rear Lorent Lore
SSN/Tax ID Birthday	3 - PCA Dir. 8 - FCA Employee
Phone FAX	4 - Farm Credit Bank Dir 9 - Relative of Émployee What year did you begin farming?
Bus.	Primary Farm Product:
Email	Acres Operated:
PLEASE TELL US ABOUT YOUR PRESENT EMPLOYMENT.	
Employer	Employer Phone Number:
Address	Years employed here:
City State Zip	Annual Salary Wages: \$
PLEASE ANSWER THE FOLLOWING QUESTIONS. (If yes, attach letter of	of explanation.)
<ol> <li>Have you incurred liabilities to pay alimony, child support or separate maintenance? (If "Yes," state annual amount and years in explanation.)</li> <li>Are there any outstanding judgements against you or have you had property foreclosed?</li> <li>Have you ever had any debt forgiven by a lender?</li> <li>Have you ever declared bankruptcy?</li> </ol>	Yes No Yes No Yes No Yes No No
PLEASE LIST YOUR CREDIT REFERENCES.	
Name	Account Number
Address	City State Zip
Name	Account Number
Address	City State Zip
Name	Account Number
Address	City State Zip
Name	Account Number
Address	City State Zip

PLEASE LIST THE PURPOSES FOR WHICH THE LOAN WILL BE U	USED (T	o the neares	t \$)	
LOAN PURPOSE	COMMENT		APPLIED FOR	(FCS USE ONLY) APPROVED
1.			\$	\$
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
	TOTAL PURPOSES REQU	UESTED	\$	\$
PLEASE CHECK THE APPROPRIATE BOXES FOR OUR TRUTH-IN	-LENDING DISCLOSURES.			
Credit is primarily for personal, family or household purposes.	Loan will be used for con	struction or j	purchase of the princ	ipal residence.
The applicants expect to use the security as their principal residence.	Credit is primarily for bu	siness, comm	ercial, or agricultura	l purposes.
PLEASE INDICATE YOUR PREFERRED REPAYMENT PLAN. (To t				
PROPOS	ED REPAYMENT PLAN		i	
Source		Aı	nount	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
тот	AL PLANNED REPAYMENTS	\$		

PLEASE INDICATE YOUR PREFERRED LOAN TYPE/TERMS BELOW.				
Variable Operating Loan Adjustable Operating Property Off Fixed Operating Loan Adjustable Term	Quarterly       Semi-Annual       Annual         hent Due:       Loan Processing:         ered For Collateral:       Revolving Line of Credit         ersonal Property       Budgeted Loan         eal Estate       Requested Maturity Date:			
PLEASE PROVIDE THE FOLLOWING ENVIRONMENTAL DISCLOSURES.				
<ol> <li>Is any property you own or are acquiring subject to any governmental notice of hazardous waste properties? If yes, explain: Yes No Explain:</li> </ol>	<ul> <li>4. To your knowledge, are there any adjacent or nearby properties subject to environmental notice or on a governmental list of hazardous properties? If yes, explain. Yes No Explain:</li> </ul>			
<ul> <li>2. Is there any existing or potential environmental contamination on any property you own or will acquire (toxic waste, asbestos, pesticide)?</li> <li>If yes, explain. Yes No Explain:</li> </ul>	<ul> <li>5. Are there any known past practices on your property which would have contributed to hazardous waste contamination?</li> <li>If yes, explain. Yes No</li> <li>Explain:</li> </ul>			
<ul> <li>Have you disposed of any substances considered as toxic or hazardous or that might cause environmental contamination?</li> <li>If yes, explain. Yes No Explain:</li> </ul>	6. Are there underground storage tanks on your property?          Yes       No       If yes:         What is their age (years)?       Have you obtained the proper         Are they in use?       Yes       No         number of Tanks       Yes       No         Location       Yes       No			
REQUEST AND AUTHORIZATION				
I (we) certify that the information provided is true and correct to the best of my (our) knowledge and belief. Applicant acknowledges that the Association has made no commitment, express or implied, to extend credit and that nothing contained in this loan application and agreement shall be construed to commit the Association to extend new or renew existing credit to Applicant. If a loan is granted, I (we) subscribe for capital stock in the Association, as from time-to-time required, and apply for membership in the association.				
Stock shall be carried on Association's books in the names of all Borrowers, if more than one, as joint tenants (unless Borrowers request otherwise in writing). We constitute and appoint				
In the event credit, in any amount, is extended to Applicant pursuant to this application, Applicant 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 Applicant in connection with such extensions of credit.				

		NOTICE TO CON	SUMER	
	with your application fo reimburse the Associatio	y of this application and agr red by a lien on a residence r credit. If you wish a cop	eement. , you have the right to a copy of any y, please write to us at the Associa al. We must hear from you no later	tion. You may be required to
		APPLICANT'S SI	GNATURE	
Applicant(s) DOES	<b>DOES NOT</b> was	nt credit life insurance.		(Initials)
Co-Applicant(s) DOES	<b>DOES NOT</b> was	nt credit life insurance.		(Initials)
Co-Signer(s) DOES	<b>DOES NOT</b> was	nt credit life insurance.		(Initials)
Applicant DOES	<b>DOES NOT</b> was	nt crop insurance.		(Initials)
Will you be applying for the lo 1-Individual 2-Proprietorship 3-Joint Venture 4-Partnership	oan as: 5-Family Corporation 6-Close Non-Farm Corp. 7-Public Corporation 9-Estate	10-Trust 11-Guardian 14-Combination 50-Other		
		Date		Date