



## REQUIRED INFORMATION

COMPLETE/PROVIDE THE FOLLOWING:	LOAN REQUEST AMOUNT		
	up to \$100,000	\$100,001 to \$250,000	\$250,001 +
Complete a Co-Alliance Finance Application <sup>1</sup>	●	●	●
Provide your most recent Equipment List	●	●	●
Provide most recent Year-End Balance Sheet		●	●
Provide 1 year of the most recent Federal Tax Return		●	
Provide 3 years of the most recent Federal Tax Returns			●

Additional Information may be requested after receiving the application.

<sup>1</sup>If the applicant is a new customer they must also fill out the Co-Alliance Credit Application to set up their Ag & Fuel Accounts.

## IMPORTANT INFORMATION

- **Application Fee:** There is a one-time new application fee of \$250. Each following year, there will be a \$200 renewal fee, which will be billed to your loan account.
- **Rates:** All rates are variable.
- **Balance Due & Extensions:** The balance of the note is due at maturity. If extensions are needed, Co-Alliance Finance must approve.
- **Maturity Month:** Standard maturities are November 30th or December 31st. However, if you prefer another maturity month, please indicate on the application.
- **Annual Renewal:** Co-Alliance Loans will be considered for renewal annually.
- **Principal and Interest Payment:** All principal and interest will be paid annually for each crop year.

## PROCESS INFORMATION

- **Joint Checks:** If Joint Checks are required, please contact your local branch for endorsement approval. We can set up a pre-approved plan or evaluate waiving joint checks on a case-by-case basis.
- **Release of Joint Checks:** Co-Alliance will notify buyers that we do not need joint checks after the account is paid for each crop year.
- **UCC Filings:** A UCC will be filed with the Secretary of State on secured collateral. Our goal is not to interfere with your Primary Lender's secured collateral position, so we are typically in a 2nd lien position behind your bank. UCC filings will remain active each year, unless you decide you want to withdraw from the Finance Program. Once we are notified of this and your accounts are paid in full, we will terminate our UCC filings.

## CONTACT INFORMATION

### Your Co-Alliance Finance Team:

- Shawn Carney, Credit & Finance Manager - [shawn.carney@co-alliance.com](mailto:shawn.carney@co-alliance.com)
- Teri Dunlavy, Credit & Finance Manager - [teri.dunlavy@co-alliance.com](mailto:teri.dunlavy@co-alliance.com)
- Rachael Malicoat, Ag Finance Specialist - [rachael.malicoat@co-alliance.com](mailto:rachael.malicoat@co-alliance.com)
- Tara Bell, Credit & Finance Specialist - [tara.bell@co-alliance.com](mailto:tara.bell@co-alliance.com)
- Darren Radde, Senior Director of Credit & Business Development - [darren.radde@co-alliance.com](mailto:darren.radde@co-alliance.com)

Please contact our group email at [Finance@Co-Alliance.com](mailto:Finance@Co-Alliance.com) for questions or Loan Payoffs.



CO-ALLIANCE

# Finance Application

Applications due by February 28 of each year; Annual Loan Payment due November 30th of each year

## LOAN REQUEST INFORMATION

REQUESTED LOAN AMOUNT PRODUCTS INCLUDED IN FINANCING:  
CROP NUTRIENTS FUEL CO-ALLIANCE 0% CHEMISTRY (SEE SALESMAN FOR PRODUCT LIST)

YOUR CO-ALLIANCE BRANCH LOCATION(S)

## APPLICANT INFORMATION

SEE ADDENDUM FOR ADDITIONAL APPLICANTS

### PRIMARY APPLICANT

NAME (MUST BE SAME AS DRIVER'S LICENSE) DATE OF BIRTH SSN # PHONE NUMBER

ADDRESS FIRST MIDDLE LAST E-MAIL ADDRESS

STREET ADDRESS CITY STATE ZIP

SPOUSE'S FULL NAME (IF MARRIED) E-MAIL ADDRESS

### CO-APPLICANT #1

NAME (MUST BE SAME AS DRIVER'S LICENSE) DATE OF BIRTH SSN # PHONE NUMBER

ADDRESS FIRST MIDDLE LAST E-MAIL ADDRESS

STREET ADDRESS CITY STATE ZIP

SPOUSE'S FULL NAME (IF MARRIED) E-MAIL ADDRESS

## BUSINESS STRUCTURE

UPLOAD PARTNERSHIP AGREEMENT, ARTICLES OF INCORPORATION, OPERATING AGREEMENT, ETC. AT BOTTOM OF APPLICATION # OF YEARS FARMING

**ENTITY 1**

ENTITY NAME OR DBA NAME TAX ID # BUSINESS TYPE: SOLE PROPRIETER INCORPORATED LIMITED LIABILITY COMPANY TRUST/ESTATE PARTNERSHIP INFORMAL PARTNERSHIP

OFFICER NAME & TITLE OFFICER NAME & TITLE OFFICER NAME & TITLE

**ENTITY 2**

ENTITY NAME OR DBA NAME TAX ID # BUSINESS TYPE: SOLE PROPRIETER INCORPORATED LIMITED LIABILITY COMPANY TRUST/ESTATE PARTNERSHIP INFORMAL PARTNERSHIP

OFFICER NAME & TITLE OFFICER NAME & TITLE OFFICER NAME & TITLE

## FINANCIAL SUMMARY

CHECK IF YOU WANT TO UPLOAD A CURRENT MARKET-BASED BALANCE SHEET AT END OF APPLICATION INSTEAD OF COMPLETING THIS SECTION

CURRENT ASSET \$ CURRENT LIABILITIES \$ NET WORTH \$ DATE OF FINANCIALS

NON-CURRENT ASSET \$ NON-CURRENT LIABILITIES \$ GROSS FARM INCOME \$ NON-FARM INCOME \$

LENDER(S) NAME WITH AN OPERATING LINE LENDER'S PHONE OR EMAIL OPERATING LINE AMOUNT CURRENT PRINCIPAL BALANCE

## CROP PLANNING INFORMATION

ACRES OWNED ACRES RENTED YOUR SHARE OF SHARED ACRES

CROP	ACRES	ESTIMATED YIELD	ON FARM USE % OR BUSHELS
CORN			
SOYBEANS			
SEED CORN			

ARE FARM PRODUCTS SOLD UNDER A NAME NOT LISTED ON THIS APPLICATION (I.E. TRUST OR BUSINESS)? IF YES, NAME HERE:

IS EQUIPMENT TITLED UNDER ANOTHER NAME NOT LISTED ON THIS APPLICATION? IF YES, NAME HERE:

CROP INSURANCE COMPANY OR AGENT'S NAME AGENT'S PHONE NUMBER AGENT'S E-MAIL ADDRESS

## SIGNATURES & DATES

X [ ] DATE X [ ] DATE

APPLICANT SIGNATURE DATE CO-APPLICANT SIGNATURE DATE

Each applicant warrants that all information provided for this application is complete and correct to the best of their knowledge as of the date of application. Co-Alliance Cooperative, Inc. is authorized to verify the information given for this application including a credit report and employment history to assist in making a credit decision, monitoring the account, and collecting the account. I authorize my creditors, insurance agents, and Farm Service Agencies to provide all relevant information to Co-Alliance Cooperative, Inc. I understand and agree that a signed facsimile of this application shall be deemed the original.



# Finance Application- Addendum

## ADDENDUM - ADDITIONAL APPLICANTS

### CO-APPLICANT #2

<b>NAME (MUST BE SAME AS DRIVER'S LICENSE)</b>			<b>DATE OF BIRTH</b>	<b>SSN #</b>	<b>PHONE NUMBER</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>ADDRESS</b>		<b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>	<b>E-MAIL ADDRESS</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS		CITY	STATE	ZIP	
<b>SPOUSE'S FULL NAME (IF MARRIED)</b>			<b>E-MAIL ADDRESS</b>		
<input type="text"/>			<input type="text"/>		
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	APPLICANT SIGNATURE	DATE	OFFICER TITLE, IF APPLICABLE		

### CO-APPLICANT #3

<b>NAME (MUST BE SAME AS DRIVER'S LICENSE)</b>			<b>DATE OF BIRTH</b>	<b>SSN #</b>	<b>PHONE NUMBER</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>ADDRESS</b>		<b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>	<b>E-MAIL ADDRESS</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS		CITY	STATE	ZIP	
<b>SPOUSE'S FULL NAME (IF MARRIED)</b>			<b>E-MAIL ADDRESS</b>		
<input type="text"/>			<input type="text"/>		
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	APPLICANT SIGNATURE	DATE	OFFICER TITLE, IF APPLICABLE		

### CO-APPLICANT #4

<b>NAME (MUST BE SAME AS DRIVER'S LICENSE)</b>			<b>DATE OF BIRTH</b>	<b>SSN #</b>	<b>PHONE NUMBER</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>ADDRESS</b>		<b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>	<b>E-MAIL ADDRESS</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS		CITY	STATE	ZIP	
<b>SPOUSE'S FULL NAME (IF MARRIED)</b>			<b>E-MAIL ADDRESS</b>		
<input type="text"/>			<input type="text"/>		
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	APPLICANT SIGNATURE	DATE	OFFICER TITLE, IF APPLICABLE		

### CO-APPLICANT #5

<b>NAME (MUST BE SAME AS DRIVER'S LICENSE)</b>			<b>DATE OF BIRTH</b>	<b>SSN #</b>	<b>PHONE NUMBER</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>ADDRESS</b>		<b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>	<b>E-MAIL ADDRESS</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS		CITY	STATE	ZIP	
<b>SPOUSE'S FULL NAME (IF MARRIED)</b>			<b>E-MAIL ADDRESS</b>		
<input type="text"/>			<input type="text"/>		
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	APPLICANT SIGNATURE	DATE	OFFICER TITLE, IF APPLICABLE		