



2019 Loan Information			
Counties farmed in	Aurora Account #:	Amount Requested (Min \$2,500 – Max \$250,000) <i>(if request exceeds \$100,000 please fill out page #2)</i>	Agronomist Name

Applicant Information			
Entity Type <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship w/ DBA <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Joint Venture		Company Name	
<u>If Applicant is not an individual, the authorized persons completing this Application MUST ALSO PROVIDE THEIR NAME AND SOCIAL SECURITY NUMBER. Such persons understand they are also considered to be an Applicant and that they will be required to sign personally as a borrower on any loan approved by CCC.</u>		Address	
		City	
		State	Zip
		Company Telephone	Company Tax ID Number
		Company Net Worth	

Primary Applicant or Principal Information			Co-Applicant or Principal 2 Information		
Full Legal Name (first, middle, last)			Full Legal Name (first, middle, last)		
Title (if applicable)			Title (if applicable)		
Address			Address		
City	State	Zip	City	State	Zip
Home Phone		Mobile Phone	Home Phone		Mobile Phone
Email Address			Email address		
Social Security Number		Date of Birth	Social Security Number		Date of Birth
Net Worth (assets minus liabilities)		Working Capital	Net Worth		Working Capital
Marital Status (married, separated, or unmarried – required for Sole Proprietorship)			Marital Status (married, separated, or unmarried – required for Sole Proprietorship)		
Spouse's Full Legal Name (first, middle, last)			Spouse's Full Legal Name (first, middle, last)		
Spouse's Social Security Number			Spouse's Social Security Number		

Potential Crop Buyer Information (other than Aurora Cooperative)					
Buyers' Name	Address	City	State	Zip	Telephone

Collateral Value Calculation						
Commodity	Total Acres	Total Acres Rented	Average Cash Rent	Average APH	Coverage Level (%)	Insurance Type

*Insurance Plan: RP, YP, APH, GRIP, GRP, Hail Only, CAT, None

Crop Insurance Agent Information					
Agency name	Address	City	State	Zip	Telephone

The Applicant designated below is requesting financing in the form of a promissory note from Cooperative Credit Company for the purpose of purchasing crop inputs at **Aurora Cooperative, Aurora, NE**, for the **2019** crop year. The Applicant understands all loan advances will be made payable to the cooperative specified and not to any other party. This document authorizes the release to **Cooperative Credit Company, 128 Third Street NW, PO Box 80, Sioux Center, IA, 51250**, and Aurora Cooperative any and all information in anyone's care, custody and control concerning the Applicant, specifically including any individuals executing this Authorization. The Applicant hereby releases you as the custodian of such records, both individually and collectively, from any and all liability for damages of whatever kind which may result because of compliance with this Authorization for Release of Information. The Applicant further authorizes Cooperative Credit Company to release to Aurora Cooperative any and all information in Cooperative Credit Company's care, custody and control concerning the Applicant, specifically including, but not limited to, financial statements and cash flow information as well as any information Cooperative Credit Company receives pursuant to this Authorization. The Applicant hereby releases Cooperative Credit Company from any and all liability for damages of whatever kind may result from Cooperative Credit Company's compliance with this Authorization and Release. Please submit the completed application to Cooperative Credit Company, 128 Third Street NW, Sioux Center, IA, Fax: 712-722-1212 or contact your agronomist at Aurora Cooperative. It is expressly agreed that a photocopy of this Application shall be as valid as an original.

Applicant's Signature	Date	Co-Applicant's Signature	Date
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Applicant Name _____

Please complete the additional information below and submit your application as directed. If a Partnership Corporation, or LLC, include balance sheet with supporting schedules of the general partner, presidents, owner, or managing member. Include any interest held by a co-applicant including spouse, if applicable. **A bank prepared statement may be substituted and mailed with the application in lieu of filling out the balance sheet information below.**

Balance Sheet Date _____

Assets

Cash, Checking, Savings \$ _____
Securities \$ _____
Accounts Receivables \$ _____
Investment in Growing Crop \$ _____
Feed & Grain Inventory \$ _____
Market Livestock \$ _____
Government Payments \$ _____
Other Current Assets \$ _____
(Specify) \$ _____
Total Current Assets \$ _____

Breeding Livestock \$ _____
Machinery & Equipment \$ _____
Vehicles \$ _____
Other Intermediated Assets \$ _____
(Specify) \$ _____
Total Intermediated Assets \$ _____

Real Estate Value \$ _____
Buildings \$ _____
Other Long-Term Assets \$ _____
(Specify) \$ _____
Total Long-Term Assets \$ _____
Total Assets \$ _____

Liabilities

CCC Loans \$ _____
Operating Principal \$ _____
Accounts Payable \$ _____
Current Intermediate Debt \$ _____
Current Long Term Debt \$ _____
Leases \$ _____
Misc. Current Liabilities \$ _____
(Specify) \$ _____
Total Current Liabilities \$ _____

Notes Payable – Specify \$ _____
Machinery & Equipment Loans \$ _____
Vehicle Loans \$ _____
Other Intermediate Debt \$ _____
(Specify) \$ _____
Total Intermediate Liabilities \$ _____

Mortgage Loans \$ _____
Other Long-Term Debt \$ _____
(Specify) \$ _____
Total Long-Term Liabilities \$ _____
Total Liabilities \$ _____

For purpose of securing credit the undersigned 1) certifies this statement is true and correct as of the date specified; 2) agrees to promptly notify Aurora Cooperative of any material change; and 3) acknowledges receipt of a copy of this statement.

Signature

Signature