

FINANCING APPLICATION

APPLICANT:
Name:

First	MI	Last
Address		
City State Zip	County	
Social Security #		
Years at Current Address	Year Began Farming	
Home Phone #	Daytime Phone #	
Birth date		

CO-APPLICANT:
Name:

First	MI	Last
Address		
City State Zip	County	
Social Security #		
Years at Current Address	Year Began Farming	
Home Phone #	Daytime Phone #	
Birth date		

IF A CORPORATION/LIMITED LIABILITY COMPANY:

Legal Name of Corporation/LLC
State of Incorporation/Organization
Address of Corporation/LLC
Year Formed
Tax ID#

List of Officers/Managers on the date of this Application
 (Use additional sheet, if necessary)

Be sure to send a copy of the certificate of incorporation/articles of organization and shareholder's agreement/operating agreement and any amendments to these documents.

GENERAL INFORMATION:

Current Milk Market	Producer Number
Herd Average	Milk Quality/SCC
Name of Property & Casualty Insurance Company	
Agent Name	Phone Number

Do you currently utilize DHIA? Yes No

I certify that the information in this application is accurate and complete and that I have never filed bankruptcy. I authorize the association to verify employment and financial information, including obtaining a credit report. I further certify that the name set forth in this Application is my true, correct, and legal name, and that in the case of a partnership, limited liability company, or corporation, the listed state of organization is that entity's true and correct state of legal organization. This authorization shall continue in full force and effect as long as I/we have a loan or pending application with Agri-Max Financial Services, L.P.

Applicant's Signature
Date

IF A PARTNERSHIP:

Legal Name of Partnership
Address of Partnership
Year Formed
Tax ID#

Be sure to send a copy of the partnership agreement and any amendments to the agreement.

LOAN REQUEST:

Operating Loan \$ _____
 1 Year/Variable Rate

Capital Loan \$ _____
 Loan Maturity: 3 years 4 years 5 years

For the purchase of:
 Equipment _____
 Livestock _____

Collateral _____

Estimated Collateral Value \$ _____

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Co-Applicant's Signature
Date



P.O. Box 4844 * Syracuse, NY 13221-4844
 1-315-433-0100; 1-866-283-4629;
 1-315-433-2345 fax

Please include copy of most recent tax return with application.

Gross Farm Income _____

Total Assets _____

Total Farm Expenses _____

Total Liabilities _____

Non-Farm Income _____

Describe any livestock, equipment or vehicle leases. _____

Financial Statement Worksheet

Current Assets			Value	Current Liabilities				Balance
Cash, Checking, Savings and CDs			\$	Open accounts (please describe or attach schedule)				\$
Stocks and Bonds								
Stored crops, feed & supplies								
Investment in growing crops				Other short term loans or charge cards				
Prepaid expenses								
Other current assets								
TOTAL CURRENT ASSETS			\$	TOTAL CURRENT LIABILITIES				\$
Intermediate Assets			Value	Intermediate Liabilities				Balance
Cash Value of life insurance (Face Value \$)			\$	Loan From	Lien On	Int. Rate %	Monthly Pymt	
Livestock	Head	\$/Head						
Cars, Trucks, Farm Equipment								
Co-op Investment								
Other Intermediate Assets								
TOTAL INTERMEDIATE ASSETS			\$	TOTAL INTERMEDIATE LIABILITIES				
Long Term Assets			Value	Long Term Liabilities				Balance
No. Acres	Description	Value/Acre		No. Acres	Mortgage To	Interest Rate %	Yearly Payment	
		\$	\$			Fixed		\$
						Until		\$
Retirement Accounts (IRA, Keogh)								
Other Long Term Assets								
TOTAL LONG TERM ASSETS			\$	TOTAL LONG TERM LIABILITIES				\$
TOTAL ASSETS			\$	TOTAL LIABILITIES				\$
				TOTAL NET WORTH				\$

****PLEASE BE SURE TO ANSWER THE FOLLOWING QUESTIONS IN ORDER TO AVOID PROCESSING DELAYS****

Location of business (if different than mailing address) _____

Other Lienholders: _____

Owner(s) of Real Estate: _____

***All owners of real estate must be listed as an Applicant on the first page.**

Acres Owned: _____ #Acres Tillable _____ Township(s): _____

