

AGRICULTURAL FINANCIAL STATEMENT

Contact your representative at the bank if you have any questions regarding the completion of this form.

Please complete the appropriate section below:

Individual or Joint Application

YOU MAY APPLY FOR A CREDIT EXTENSION OR FINANCIAL ACCOMMODATION INDIVIDUALLY OR JOINTLY WITH A CO-APPLICANT. THIS STATEMENT AND ANY APPLICABLE SUPPORTING SCHEDULES MAY BE COMPLETED JOINTLY BY BOTH MARRIED AND UNMARRIED CO-APPLICANTS IF THEIR ASSETS AND LIABILITIES ARE SUFFICIENTLY JOINED SO THAT THE STATEMENT CAN BE MEANINGFULLY AND FAIRLY PRESENTED ON A COMBINED BASIS; OTHERWISE SEPARATE STATEMENTS AND SCHEDULES ARE REQUIRED.

Applicant

Name _____

Address _____

Co-Applicant

Name _____

Address _____

Partnership Application

Name of Partnership _____

Names of Partners _____

Corporation Application

Name of Corporation _____

State of Incorporation _____

1. Number of Dependents	6. Your Age	Physical Condition		
2. Insurance on Crops	7. Have you been involved in bankruptcy?		Yes	No
3. Insurance on Buildings (Fire, Ext. Cov.)	8. Are any suits pending against you?		Yes	No
4. Insurance on Machinery, Equipment and Livestock	9. Do you carry health, accident or hospital insurance?		Yes	No
5. List Contingent Liabilities	10. Liability Insurance Coverage	\$		
Brand & Location	11. Do you have a Will?			
Date Brand Recorded	Name of Executor			
Name(s) Brand Held In				

