

Name of Applicant				Name of Co-Applicant							
I.D./SSN#		Phone #		Date of Birth		I.D./SSN#		Phone #		Date of Birth	
Address			State	Zip	Address			State	Zip		
Applicants Employer Name & Business Address						Co-applicants Employer Name & Business Address					
Business Phone		Type of Work or Position				Business Phone		Type of Work or Position			

Joint Credit Information
Credit Application
 Check appropriate box.

If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit request, complete all sections.

If you are applying for joint credit with another person, complete sections with co-applicant's information included. We intend to apply for joint credit: _____ Applicant _____ Co-Applicant _____

If you are intending for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income of another person as the basis of repayment of the credit requested, complete all sections to extent possible, providing information in section Information Regarding Co-Applicant about the person whose alimony, support, or maintenance payments or income or assets you are relying.

ASSETS				LIABILITIES			
CURRENT ASSETS				CURRENT LIABILITIES			
Cash-Checking Acct.				Notes Payable (Due within 1 year)			
Time-Savings							
Accts.-Notes Rec.							
Other Livestock or Poultry Held for sale (Sch. B)							
Grain & Feed on Hand (Sch. C)							
Sealed Grain							
Dollar Investment in Growing Crops							
Prepaid Expenses							
TOTAL CURRENT ASSETS				TOTAL CURRENT LIABILITIES			
INTERMEDIATE TERM ASSETS				INTERMEDIATE LIABILITIES		PMT	DUE
Autos, Trucks, Tractors (Sch. F)							
Machinery & Equipment (Sch. F)							
Cash Value Life Insurance (Sch. E)							
Stocks, Bonds (Sch. D)							
Breeding or Production Stock (Sch. B)							
Household Goods							
TOTAL INTERMEDIATE ASSETS				TOTAL INTERMEDIATE LIABILITIES			
LONG TERM ASSETS			Market	LONG TERM LIAB.		PMT	DUE
Farm Real Estate (Sch. A)				Real Estate Mtg.			
Other Real Estate (Sch. A)							
Pensions & Annuities							
TOTAL FIXED ASSETS				TOTAL-Long Term Liab.			
TOTAL ASSETS				TOTAL LIABILITIES			
TOTAL ASSETS				PRESENT NET WORTH			
TOTAL ASSETS				TOTAL LIAB & NET WORTH			

Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been declared bankrupt in last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance on Crops	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any suits pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance on Buildings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you carry health, accidental or hospital ins?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance on Machinery, Equip. Livestock	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liability Ins. Coverage	\$
List Contingent Liabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Estate Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

