

## 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 #

\_\_\_\_\_  
 Email Address 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 #

\_\_\_\_\_  
 Email Address 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 #

\_\_\_\_\_  
 Email Address Birth date

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

\_\_\_\_\_  
 Co-Applicant's Signature Date

\_\_\_\_\_  
 Co-Applicant's Signature Date

**IF A CORPORATION**

**LIMITED LIABILITY COMPANY**

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.

**Partnership**

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

\_\_\_\_\_  
 Legal Name of Corporation/LLC or Partnership

\_\_\_\_\_  
 State of Incorporation/Organization

\_\_\_\_\_  
 Address of Corporation/LLC or Partnership

\_\_\_\_\_  
 Year Formed

\_\_\_\_\_  
 Tax ID#

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

**FINANCING REQUEST:**

Operating Loan \$ \_\_\_\_\_  
 1 Year/Variable Rate

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

For the purchase of:  
 Equipment \_\_\_\_\_

Livestock \_\_\_\_\_

Other \_\_\_\_\_

Collateral \_\_\_\_\_

Estimated Collateral Value \$ \_\_\_\_\_

Equipment Lease \$ \_\_\_\_\_  
 Equipment Description \_\_\_\_\_

Cattle Lease \$ \_\_\_\_\_  
 Number of Heifers Requested \_\_\_\_\_



P.O. Box 4844 \* Syracuse, NY 13221-  
Ph: 1-866-283-4629 Fax 1-315-433-2345

Applicant's Name \_\_\_\_\_

Member #:(s) \_\_\_\_\_

Presently selling milk to: \_\_\_\_\_ Region \_\_\_\_\_

# Presently Milking: \_\_\_\_\_ Rolling Herd Avg.: \_\_\_\_\_ Somatic Cell Count: \_\_\_\_\_

Do you currently utilize DHIA? Yes  No

Production Record Program: DHIA \_\_\_\_\_ Other \_\_\_\_\_ ( \_\_\_\_\_ ) Breeds A.I.: Yes  No

I authorize Agri-Max Financial Services to obtain herd management records from my DHIA service provider. Yes  No

Nutrition Program: Ration Balancing \_\_\_\_\_ Herd Health Program: Reproduction \_\_\_\_\_ Vaccination \_\_\_\_\_

Field Representative Name \_\_\_\_\_ Field Representative Phone Number \_\_\_\_\_

Accountant's Name and Company \_\_\_\_\_

Accountant's Phone Number \_\_\_\_\_

Primary Financial Institution \_\_\_\_\_ Loan Officer's Name \_\_\_\_\_

Loan Officer's Phone Number \_\_\_\_\_

Name of Property & Casualty Insurance Company \_\_\_\_\_

Agent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Facility (*provide brief description of current operation*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Equipment (*provide brief description of current milk storage and harvesting equipment*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dairy Production Characteristics (past and present) (i.e., herd health, nutrition, and milk quality):

\_\_\_\_\_

\_\_\_\_\_

GENERAL COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



P.O. Box 4844 \* Syracuse, NY 13221-  
Ph: 1-866-283-4629 Fax 1-315-433-2345

Applicant's Name \_\_\_\_\_

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: \_\_\_\_\_

# Acres Owned: \_\_\_\_\_ # Acres Tillable \_\_\_\_\_ Township(s) \_\_\_\_\_