

FINANCING APPLICATION

****PLEASE BE SURE TO FILL OUT IN BLUE OR BLACK INK AND PROVIDE ALL THE INFORMATION TO AVOID PROCESSING DELAYS****
****PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE, OR OTHER GOVERNMENT ISSUED PHOTO ID****

APPLICANT: Print name exactly as it appears on your photo ID

| | | |
|--------------------------|--------|--------------------|
| First | Middle | Last Name |
| Address | | |
| City State Zip | | County |
| Social Security # | | |
| Years at Current Address | | Year Began Farming |
| Home Phone # | | Daytime Phone # |
| Email Address | | Birth date |

CO-APPLICANT: Print name exactly as it appears on your photo ID

| | | |
|--------------------------|--------|--------------------|
| First | Middle | Last Name |
| Address | | |
| City State Zip | | County |
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| 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 Agri-Max 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 this date. 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 \$ _____ # of Heifers Requested _____



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

****PLEASE BE SURE TO FILL OUT IN BLUE OR BLACK INK AND PROVIDE ALL THE INFORMATION TO AVOID PROCESSING DELAYS****

Applicant's Name _____

How did you find out about Agri-Max?: Personal Contact____ Advertisement____ Friend or Relative____ Other_____

Presently selling milk to: _____ Member Producer #(s): _____ Payee #(s) _____

Field Representative Name _____ Field Representative Phone Number _____

Average # of cows past 12 months: _____ Number Presently Milking:_____ Rolling Herd Avg.:_____

Somatic Cell Count:_____ Cull Rate:_____

Do you currently utilize DHIA? Yes No If No, who do you use:_____

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

Describe your Nutrition Program: Ration Balancing _____

Herd Health Program: Reproduction _____ Vaccination _____ Breeding A.I. Yes No

Provide Feed Company Name _____ Telephone Number _____

If using Nutritionist, Company Name _____ Telephone 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 facilities): _____

Equipment (provide brief description of equipment, i.e. of current milk storage and harvesting equipment etc.): _____

Other Dairy Practices (past and present): _____

GENERAL COMMENTS: _____

Location of business (if different than mailing address) _____

Other Lienholders: _____

Owner(s) of Real Estate: _____

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



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AUTHORIZATION FOR RELEASE OF INFORMATION

I/We have applied for a loan through Agri-Max Financial Services, L.P., P O Box 4844, Syracuse, NY 13221-4844, and have listed your organization as a credit reference. I/We request that you furnish the following information and I/we authorize Agri-Max Financial Services, L.P. to conduct its investigation for credit purposes. I/We also authorize my/our creditors to disclose any information that Agri-Max Financial Services, L.P. deems necessary. Photocopies, faxes and other electronic transmission of this authorization may be presented and relied upon by my/our creditors, as evidence of my/our authorization to release information to Agri-Max Financial Services, L.P. Further, my/our milk handler is hereby authorized to release to Agri-Max Financial Services, L.P. copies of my/our monthly milk checks, milk production records and/or quality reports. Agri-Max Financial Services, L.P. is also authorized to gather information concerning my/our credit from credit reporting agencies. 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.

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Dated: _____

FEED COMPANY: (Who is your Primary Feed Company?)

If you have been shipping from your Primary Feed Company for less than 5 years:
Name of Previous Feed Company:

Name

Name

Address

Address

Doing Business Since

Telephone #

Fax #

Telephone #

Fax #



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****PLEASE BE SURE TO FILL OUT IN BLUE OR BLACK INK AND PROVIDE ALL THE INFORMATION TO AVOID PROCESSING DELAYS****

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 % | Fixed Until | Yearly Payment |
| | | \$ | \$ | | | | | \$ |
| | | | | | | | | |
| | | | | | | | | |
| Retirement Accounts (IRA, Keogh) | | | | | | | | |
| Other Long Term Assets | | | | | | | | |
| TOTAL LONG TERM ASSETS | | | \$ | TOTAL LONG TERM LIABILITIES | | | | \$ |
| TOTAL ASSETS | | | \$ | TOTAL LIABILITIES | | | | \$ |
| | | | | TOTAL NET WORTH | | | | \$ |

I hereby certify that all information is true and correct:

 Date

 Signature

 Date

 Signature