



(1) Line of Business Information

Please limit your response to one.

Select **one** of the following that best describes your operation

- Beef Cattle Corn Cotton Dairy Hay Rice
 Soybean Swine Wheat Other (please describe): _____

(2) Applicant Information (Sign Endorsement Box 2)

Please provide your full personal legal name.

First Name: JOSEPH Middle Initial: A. Last Name: FARMER Suffix: JR.
 Social Security Number: XXX-XX-XXXX Date of Birth: 1/1/1965 Email Address: JOEFARMER@MYEMAIL.COM
 Physical Address: 200 Hwy 1 City: ANY TOWN State: AS Zip: 55555
 Mailing Address: SAME AS ABOVE City: _____ State: _____ Zip: _____
 Phone: 111-222-3333 Alternate Phone: _____ Bankruptcy Filing: Yes No
 US Citizen: Yes No If no, Permanent Resident Alien Status: Yes No Country of Birth: _____

Please remember to include your SS# and Date of Birth.

(2a) Joint Applicant Information (Sign Endorsement Box 2a) – Complete this section if you intend to apply for joint credit

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____
 Social Security Number: _____ Date of Birth: _____ Email Address: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Alternate Phone: _____ Bankruptcy Filing: Yes No
 US Citizen: Yes No If no, Permanent Resident Alien Status: Yes No Country of Birth: _____

(2b) Entity Information (Sign Endorsement Box 2b) – Complete this section if you intend to apply for joint credit

Legal name must match name on formation documents.

By including entity information below you are stating that you would like the Account and Statements to be issued in the name of the Entity.

Entity Type: Corporation General Partnership LLP LLC Other (please describe): _____
 Legal Name: _____ Tax Identification Number: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 State of Organization: _____ Date of Organization: _____ Phone: _____

If completing the application for Partnership, Corporation or LLC fill out this section, AND complete the certification of Beneficial Owners Addendum.

– For requests over \$250K, please attach copies of the General Partnership Agreement, Articles of Incorporation or other relevant entity formation documents. –
 – If Applying as an Entity, you must Complete & Sign the Certification of Beneficial Owners Addendum. –

(3) Financial Information

Preferably prepared within the last 90 days.

Remember to include copies of formation documents.

Applicant Balance Sheet

Date of Balance Sheet: 9/1/2017

ASSETS		LIABILITIES	
Current Assets (A)	\$ <u>250,000</u>	Current Liabilities (E)	\$ <u>100,000</u>
Intermediate Assets (B)	\$ <u>1,000,000</u>	Intermediate Liabilities (F)	\$ <u>200,000</u>
Term Assets (C)	\$ <u>2,000,000</u>	Term Liabilities (G)	\$ <u>500,000</u>
Total Assets (D)	\$ <u>3,250,000</u>	Total Liabilities (H)	\$ <u>800,000</u>
		Total Equity (D-H)	\$ <u>2,450,000</u>

All categories for the balance sheet must be filled out completely.

May attach a current balance sheet instead.

INCOME	
Gross Crop Income:	\$ <u>450,000</u>
Gross Livestock Income:	\$ _____
Other Farm Income:	\$ <u>125,000</u>
Total Farm Income:	\$ <u>575,000</u>
Any Off Farm Income:	\$ _____
Income Based On:	<input checked="" type="checkbox"/> Actual 1040F <input type="checkbox"/> Projected

May also attach a copy of Schedule F from Federal Tax Return

Production Information

Crop	Acres	Average Yield
<u>CORN</u>	<u>2,000</u>	<u>170 BU</u>
<u>SOYBEANS</u>	<u>1,500</u>	<u>55 BU</u>

(4) Dealer Information

Dealer Name: _____ Dealer ID: _____ Dealer Phone: _____
 Dealer Address: _____ City: _____ State: _____ Zip: _____

Remit To:
 Rabo AgriFinance LLC
 6919 Chancellor Drive
 Cedar Falls, IA 50613

Phone: (888) 395-8505
 Fax: (866) 349-3139
 emailto: QuickLink@raboag.com

Note: In the actual application this signature section appears after the Account Agreement.

• **Endorsement Box 2**

Amount Requested: \$ 100,000
Joseph Farmer _____ 10-5-2017
Applicant / Borrower Signature _____ Date

Please sign your personal signature.

Please include dollar amount of credit limit requesting. If requesting more than \$125,000 must attach most recent Schedule F form from Federal Tax Return.

• **Endorsement Box 2a**

Applicant / Co-Borrower Signature _____ Date

If there is a Co-Borrower, please have them sign their personal signature.

• **Endorsement Box 2b**

Entity Name (Co-Applicant / Co-Borrower): _____

Authorized Representative _____ Title _____
Date: _____

Must be signature of applicant in section 2 or 2a

If completing the application for a Partnership, Corporation, LLC please complete this section with the name of your entity as it appears on your formation document.

Remember you must also sign Endorsement Box 1 and complete the certification of beneficial owners addendum.

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Completing your Application

We want to process your request as quickly as possible, so be sure to include the following information to avoid delays in processing your application.

- Be sure to complete the application in full including proper signatures on the last page.
- All applicant information in section 2 and 2a needs to be completed in the name of the individual(s) only.
- If requesting more than \$125,000 must attach most recent Schedule F form from Federal Tax Return.

Questions? Call us at 1-888-395-8505

Submitting your Application

After you have completed the application in full and gathered any additional documents please select one of the following methods for sending the information to us.

FAX: (866) 349-3139 (preferred method)

Email: QuickLink@raboag.com

Mail: Rabo AgriFinance
6919 Chancellor Drive
Cedar Falls, IA 50613

Tips for completing the Balance Sheet section

The following worksheet is designed to help you complete the balance sheet portion of the application

Current Assets:

Cash, Checking, Savings,
Accounts Receivable, Growing
Crops, Feed & Grain Inventory,
Market Livestock, Prepaid Expenses,
Supplies, Hedge Accounts, Other

Intermediate Assets:

Machinery & Equipment, Vehicles,
Breeding Livestock, Retirement
Accounts (401K, IRA), Other

Term Assets:

Real Estate, Buildings, Other

Total Assets:

Current Assets + Intermediate
Assets + Term Assets

Current Liabilities:

CCC Loans, Operating Principal,
Accounts Payable, Current Debt,
Accrued Interest, Current Portion of
Term Debt (due within 12 months),
Capital Leases, Other

Intermediate Liabilities:

Machinery & Equipment Loans,
Vehicle Loans, Capital Leases, Other

Term Liabilities:

Real Estate (Mortgage) Loans, Other

Total Liabilities:

Current Liabilities + Intermediate
Liabilities + Term Liabilities



Rabo AgriFinance

Addendum - Certification of Beneficial Owners Form & Signature Below are Required if Applying as an Entity

Persons opening an account on behalf of a legal entity must provide the following information:

- A. Name of the person opening the account is identified in Section **(2) Applicant Information** of this application.
- B. Name of the legal entity for which the account is being opened is identified in Section **(2b) Entity Information** of this application.

Certification of Beneficial Owners - Any Persons opening an account on behalf of a legal entity must provide the following information for each individual who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, **owns 25 percent or more** of the equity interests of the legal entity listed in section (2b) above:

Legal Name	Date of Birth	Physical Address	Social Security Number	Ownership % Interest in Entity	US Citizen? (Yes/No)
Joseph A Farmer	1/1/1965	200 Hwy1, Anytown, AS, 55555	xxx-xx-xxxx	34%	Yes
Jane M Farmer	5/5/1965	200 Hwy1, Anytown, AS, 55555	xxx-xx-xxxx	33%	Yes
Samuel L Farmer	10/1/1990	500 Hwy 1900N, Anytown, AS, 55555	xxx-xx-xxxx	33%	Yes

Only individuals with 25% or more ownership need to be listed.

Please provide below information for **one** individual with **significant responsibility** for managing the legal entity.

- I. An Executive Officer or Senior Manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or,
- II. Any other individual who regularly performs similar functions.

If appropriate, a person listed above may also be listed below.

Legal Name	Date of Birth	Physical Address	Social Security Number	Ownership % Interest in Entity	US Citizen? (Yes/No)
Joseph A Farmer	1/1/1965	200 Hwy1, Anytown, AS, 55555	xxx-xx-xxxx	34%	Yes

This line **MUST** be completed.

I, (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: Joseph Farmer Date: 10-5-2017