



701-679-2578

PRIMARY APPLICANT

First: _____ MI: _____ Last: _____
 Social Security Number: _____ Date of Birth: _____
 Address: _____ City: _____
 Zip Code: _____ County: _____ Phone #: _____
 Year began farming: _____ Year at present address: _____

CO-APPLICANT

First: _____ MI: _____ Last: _____
 Social Security Number: _____ Date of Birth: _____ Year Began Farming: _____

LOAN REQUEST

Amount of Request: _____
 Gross Farm Income: _____ Total Assets: _____
 Non-Farm Income: _____ Total Liabilities: _____

 Counties Farmed In _____ Crops To Be Planted _____

 Insurance Company _____ Address _____

PHOTOCOPIES OF THIS AUTHORIZATION MAY BE PRESENTED TO AND RELIED UPON AS OUR AUTHORIZATION TO RELEASE INFORMATION TO FARM CREDIT SERVICES (PCA, FLBA, FLCA, OR ACA) AS APPLICABLE.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

 Salesman



When complete fax or mail back to:
 Farm Credit Services - Attn: Tammy Vetter
 P.O. Box 70
 Minot, ND 58702-0070
 Fax - 701-852-3186