



# Agriculture Loan Application

## Credit Request

### Product Requested:

<input type="checkbox"/> Line of Credit or Letter of Credit	Amount Requested: _____	Term Requested: _____
<input type="checkbox"/> Installment Loan	Amount Requested: _____	Term Requested: _____
<input type="checkbox"/> Commercial Construction	Amount Requested: _____	Term Requested: _____
<input type="checkbox"/> ACH/Merchant	Amount Requested: _____	Term Requested: _____
Or		
Increase/Renew Existing Business Account No. _____	Amount: _____	

### Type of Credit:

<input type="checkbox"/> Unsecured Credit		
<input type="checkbox"/> Secured Credit (other than Real Estate)	Collateral Description: _____	
<input type="checkbox"/> Secured Credit (Real Estate)		
<input type="checkbox"/> Business Property	<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Other _____
Property Address: _____		

### Purpose of Funds:

\_\_\_\_\_

## Business Information

Business Name: _____		Phone No. _____
Street Address: _____		Fax No. _____
Mailing Address: _____	Use for contact? <input type="checkbox"/>	Last Full Year of Gross Revenue: _____
Email Address/Website: _____		Length of time under current management _____
Month/Year Established _____	Tax Identification Number _____	Total Employees _____
Business Type:		
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Sub Chapter S Corporation
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Trust
<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the business an endorser, guarantor, or co-maker for any obligations not listed on your business financial statements?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the business have existing loans or lines? If yes, please provide additional payment information
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you aware of any environmental liabilities, problems or potential problems (including underground storage tanks) associated with your business or any owner, or at any property ever owned or used by your business or an owner?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this business or its principals involved in any claim or lawsuit?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this business, its owners, or any guarantors ever been involved in a failure or bankruptcy?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this business owe any taxes for years prior to this year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the business had a loss in the last three years?

**If you answered 'yes' to any of these questions, please attach a written explanation**

## Business Owners or Principals

### 1. Owner/Principal

Full Name: _____	Social Security No. _____
Date of Birth _____	Home Phone: _____ Cell Phone: _____
Street Address: _____	
Mailing Address: _____	
Years/Months at Address: _____	Monthly Housing Payment: _____
Position at Company: _____	% Ownership _____ Gross Monthly Salary: _____
Other Annual Income/Source:* _____	Total Minimum Monthly Credit Card Payment: _____
Comments: _____	

2. Owner/Principal		
Full Name:	Social Security No.	
Date of Birth	Home Phone:	Cell Phone:
Street Address:		
Mailing Address:		
Years/Months at Address:	Monthly Housing Payment:	
Position at Company:	% Ownership	Gross Monthly Salary:
Other Annual Income/Source:*	Total Minimum Monthly Credit Card Payment:	

3. Owner/Principal		
Full Name:	Social Security No.	
Date of Birth	Home Phone:	Cell Phone:
Street Address:		
Mailing Address:		
Years/Months at Address:	Monthly Housing Payment:	
Position at Company:	% Ownership	Gross Monthly Salary:
Other Annual Income/Source:*	Total Minimum Monthly Credit Card Payment:	

4. Owner/Principal		
Full Name:	Social Security No.	
Date of Birth	Home Phone:	Cell Phone:
Street Address:		
Mailing Address:		
Years/Months at Address:	Monthly Housing Payment:	
Position at Company:	% Ownership	Gross Monthly Salary:
Other Annual Income/Source:*	Total Minimum Monthly Credit Card Payment:	

\*You need not disclose income from alimony, child support, or separate maintenance unless you wish to have this income considered in the credit decision

**Business Owners or Principals**

**Each person signing (below) certifies that he/she is authorized to sign for the business related to this application.**

Each person signing (below) certifies that he/she is applying for a business loan either in the capacity as the owner, partner, principal, shareholder or authorized signer on behalf of the business. By signing below, you further agree, that financial information shown in this application and any additional financial information provided, now or in the future, will be relied upon by Community Bank as a source of repayment for this proposed credit request.

Each signer submits the information contained in this application and any supplemental documents as full, true and correct statements on the dated stated.

Each signer authorizes and directs Community Bank to obtain personal credit reports for the business and the signer in conjunction with this application, or any renewal, monitoring, or collection of credit, if this credit request is approved

This application is for       individual       joint credit      (Please mark one)

1. Signer _____	Title _____	Date _____
2. Signer _____	Title _____	Date _____
3. Signer _____	Title _____	Date _____
4. Signer _____	Title _____	Date _____

**Any commitments or agreements on the part of Community Bank must be in writing to be enforceable under state law.**

**Attachments**

**Please attach copies of the documents below according to your specific type of business:**

Sole Proprietorship	Partnership/LLC/Corporation
<input type="checkbox"/> Current personal financial statement (Please use Comm. Bank form)	<input type="checkbox"/> Complete business tax returns for past two years
<input type="checkbox"/> Personal tax returns for past two years, including Schedule C	<input type="checkbox"/> Business financial statements for last two years, if available
<input type="checkbox"/> Business financial statements for last two years, if available	<input type="checkbox"/> Current personal financial statement and two years tax return for each partner/principal

Bank Use Only		
Application No.	Special Terms & Comments:	<b>Application Submitted</b> <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Electronic <input type="checkbox"/> Mail/Fax
Date received		
Revision Date	Branch & Rel Mgr.	





## Additional Business Financial Information

Schedule A				
Accounts, Notes, Contracts Receivable				
Type (A,N,C)	Due From	Amount	Terms: (Date and Amount of Payment)	Security (if any)

Schedule B				
Livestock or Crops - On Hand for Sale				
Description	Units	Unit Value	Market Value	Expected Date of Sale

Schedule B				
Livestock or Crops - On Hand Not for Sale				
Description	Units	Unit Value	Market Value	Expected Date of Sale

Schedule C						
Real Estate - Indicate Whether (W) Wet or (D) Dry						
Location/Description	Date Acquired	Market Value	Title in Name of	Contracts & Mortgages		
				Lien holder	Payment	Due Date

Schedule D		
Equipment		
Description (Year and Model)	Present Value	Bal. Owed

Schedule E	
Other or Intangible Assets	
Description	Market Value

**Comments:**

## **BUSINESS APPLICATION NOTICE OF RIGHT TO REQUEST STATEMENT OF REASONS**

**If you have any questions regarding  
This notice, you should contact:**

**Community Bank  
7 S First Avenue  
Walla Walla, WA 99362  
509-522-9996**

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the office listed above within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

**NOTICE:** The federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit is **FDIC Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.**