



## WHEAT XPRESS LOAN APPLICATION

### 1. Basic Information

Applicant (corp or partnership name if applicable)	SSN or Tax ID Number	Date of Birth or Incorporation
Co-Applicant / Spouse	SSN	Years farming
Mailing Address	City, State	Zip
Business Phone #	Mobile Phone #	Email Address

Restricted Use Pesticide No

- ☐ Proprietorship  
☐ Partnership  
☐ Corporation

\*\*\*Please attach copy of partnership agreement\*\*\*  
 \*\*\*Please attach copy of corporate resolution\*\*\*

If a Partnership, list all partners. If a corporation, list the following officers: President, Vice-president, and Secretary/Treasurer:

Do you plant your own crops?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you harvest your own crops?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have equipment obligations met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you made provisions for all other non-requested cash outlays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	i.e. rent, fuel, labor, flying, consulting...
Are you in good standing with the FSA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you current and otherwise in good standing with Federal Crop Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are any crop insurance premiums past due?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a defendant in any legal actions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there any judgments outstanding against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been, or are you now involved in a bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there any outstanding liens on the crops to be loaned upon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there any outstanding crop booking or contract obligations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### 2. Crop Insurance Information

Do you have a minimum of 65% RP Federal Crop Insurance in force? ☐ Yes ☐ No

Crop(s)	County(s)	Acres	Type Coverage	Level
Wheat				
Wheat				

Crop Insurance Agent	City, State	Phone
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### 3. Credit Application, Authorization for Release of Credit Information, and Agreement for Credit Application Expenses

The undersigned certifies the information submitted is true and correct, and authorizes ARM to verify any information deemed necessary to make a credit determination. The Applicant further authorizes ARM to request and obtain a copy of the Applicant's most recent financial statements, if available, from its bank, other agency, or accountant to support application information. Undersigned further understands a program fee will be accessed in addition to the monthly finance charge rate.

I understand that a certain level of crop insurance may influence the credit decision. Furthermore, I understand that I may purchase this crop insurance from any licensed agent, and specifically am not required to purchase that insurance from ARM as a condition of approval of credit.

Date	Signature
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- ☐ Copy of corporate resolutions or partnership agreement attached  
☐ Copy of current financials including equipment list attached  
☐ Photocopy of state issued photo ID attached