



COMMUNITY 1<sup>ST</sup> CREDIT UNION<sup>SM</sup>

C1<sup>st</sup> AgPartner Equipment Loan Application

Implement Dealer: \_\_\_\_\_ Phone Number: 319-931-2875
Loan Amount Requested: \$ \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

Primary Applicant

(If Corporation or Partnership, Personal information is required in the Co-Applicant section)

Type of Business: [X] Individual [ ] Partnership [ ] Corporation [ ] Other: \_\_\_\_\_
Corporation/Partnership Name (If Applicable): \_\_\_\_\_
Name (First, Middle, Last): \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
County: \_\_\_\_\_ Social Security/Tax ID #: \_\_\_\_\_ Mothers Maiden Name: \_\_\_\_\_
Gov't Issued Photo ID Type: \_\_\_\_\_ ID Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
Other ID Type: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_
Previous Financial Institution: \_\_\_\_\_ E-mail: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_
Primary Ag Product: \_\_\_\_\_ Years Farming: \_\_\_\_\_ Off-Farm Employer: \_\_\_\_\_ Years Employed: \_\_\_\_\_
Reference Name (must not share address/phone): \_\_\_\_\_ Reference Phone: \_\_\_\_\_
Reference Address/City/State/Zip: \_\_\_\_\_

Co-Applicant

(If co-applicant address is different from above, please provide)

Name (First, Middle, Last): \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
County: \_\_\_\_\_ Social Security/Tax ID #: \_\_\_\_\_ Mothers Maiden Name: \_\_\_\_\_
Gov't Issued Photo ID Type: \_\_\_\_\_ ID Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
Other ID Type: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_
Previous Financial Institution: \_\_\_\_\_ E-mail: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_
Primary Ag Product: \_\_\_\_\_ Years Farming: \_\_\_\_\_ Off-Farm Employer: \_\_\_\_\_ Years Employed: \_\_\_\_\_
Reference Name (must not share address/phone): \_\_\_\_\_ Reference Phone: \_\_\_\_\_
Reference Address/City/State/Zip: \_\_\_\_\_

Financial Information

Main Lending Reference: \_\_\_\_\_
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Gross Farm Income: \$ \_\_\_\_\_ Total Assets: \$ \_\_\_\_\_ Off-Farm Income: \$ \_\_\_\_\_ Total Liabilities: \$ \_\_\_\_\_
Have you ever filed for bankruptcy? [ ] Yes [ ] No Current judgements against you: [ ] Yes [ ] No

Signatures

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

If there are any important changes, you will notify us in writing immediately. You will also agree to notify us of any change in your name, address or employment with a reasonable time thereafter. You also promise that everything you have stated in this Application is correct and to the best of your knowledge. You authorize Community 1st Credit Union to obtain credit reports in connection with this Application for credit and for any update, renewal or extension of the credit received. If you request, Community 1st Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to a Federal Credit Union for the purposes of influencing a loan decision. If this application is used in conjunction with the issuance of a credit card, you agree that your use of showing the card to be used constitutes your agreement to be bound by all credit card terms and conditions that are provided with the card.

NOTICE: You agree and attest that your name and address shown herein is your legal name and the place of your residence, and such address is the proper address for all notice(s) required by this Agreement, and you further understand that any changes in this address must be submitted to the credit union in writing to be effective. The USA Patriot Act requires that we obtain, verify, and record all information that identifies each person who opens an account.

X Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ X Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE FAX OR EMAIL COMPLETED FORM TO C1ST INDIRECT LOAN DEPARTMENT
FAX: (641) 683-6301 • EMAIL: AGPARTNER@C1STCREDITUNION.COM