



LOTQUAL PRE-QUALIFICATION

SOUTHWEST GEORGIA FARM CREDIT, ACA

GENERAL INFORMATION

U.S. Citizen: ☐ Yes ☐ No

☐ Individual ☐ Business (If Business, please provide Tax ID # below)

PRIMARY APPLICANT (As shown on your driver's license.)

Primary Street Address*

City State Zip

Mailing Address

City State Zip

County of Residence

Social Security # Date of Birth

PRIMARY CONTACT INFORMATION

Home Phone #

Mobile Phone #

Business Phone #

Personal Email Address

Business Email Address

PRE-QUALIFICATION INFORMATION

Purpose _____ Amount Requested \$ _____

Applicant(s) by signing this Prequalification Application hereby acknowledge that it is understood that the making of a false statement or report in connection with this application may be a violation of federal and/or state law for which I (we) could be prosecuted. It is agreed that any loan(s) or advances will be used for eligible purposes.

AUTHORIZATION TO RELEASE CREDIT INFORMATION: I grant Southwest Georgia Farm Credit, ACA to obtain a soft pull on me in connection with this transaction for all legitimate purposes.

Applicant Signature _____ Date _____

INTERNAL USE ONLY

Face-To-Face Interview ☐ Phone Interview ☐ Email Application ☐

Date _____ Application Received By _____

GUARANTOR ☐ CO-APPLICANT ☐			
U.S. Citizen: ☐ Yes ☐ No			
GUARANTOR/CO-APPLICANT NAME (As shown on your driver's license.)		GUARANTOR CONTACT INFORMATION	
Primary Street Address*		Home Phone #	
City*	State*	Mobile Phone #	
Mailing Address		Business Phone #	
City	State	Personal Email Address	
County of Residence		Business Email Address	
Social Security # or Tax ID		Date of Birth	

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