



# LOAN APPLICATION

## SOUTHWEST GEORGIA FARM CREDIT, ACA

### GENERAL INFORMATION

U.S. Citizen: ☐ Yes ☐ No

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

Primary Street Address\*

City\*State\*Zip\*

Mailing Address

CityStateZip

County of Residence

Social Security #Date of Birth

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

PRIMARY CONTACT INFORMATION

Home Phone Number

Mobile Phone Number

Business Phone Number

Personal Email Address

Business Email Address

Annual SalaryOther Income

Gross Annual Farm IncomeNumber of Years Farming

Primary Farm ProductSecondary Farm Product

Insurance Provider/AgentProvider/Agent Phone Number

### LOAN INFORMATION

Purpose of Loan

Amount Requested \$Number of YearsPayment Frequency

Please include a copy of Invoice/Bill of Sale and/or Sales Contract with your application.

### COLLATERAL/PROPERTY INFORMATION (If Applicable)

Equipment Type (If Applicable)MakeModel

YearMileage/HoursPurchase PriceEstimated Value

Property Location (If Applicable)

AcreagePurchase PriceEstimated Value

Are there any structures located on the property? Yes No If yes, Describe

Are there or will there be planned construction within 6 months of property ownership? Yes No

[Structure Clarification Here](#)

Applicant(s)/Borrower(s) by signing this Loan and Membership Application hereby acknowledge that it is understood that the making of a false statement or report in connection with this application or any other information provided to Lender to induce Lender to make loan(s) or advances; or the failure to remit collateral proceeds to the Association subsequent to the making of loan(s) or advances herunder 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. I understand that the law requires that I promptly pay on the loan as received all proceeds of sale of property securing the loan.

AUTHORIZATION TO RELEASE CREDIT INFORMATION: I grant Southwest Georgia Farm Credit, ACA to obtain a credit report on me in connection with this transaction for all legitimate purposes. I also grant permission to any and all those creditors to provide all information requested by Southwest Georgia Farm Credit, ACA.

Have you filed bankruptcy within the last 7 years? Yes No

Are there any outstanding judgements against you? Yes No

Date

Applicant Signature

### INTERNAL USE ONLY

Face-To-Face Interview Phone Interview Email Application

DateApplication Received By

GUARANTOR _____ CO-APPLICANT _____	
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
GUARANTOR/CO-APPLICANT NAME (As shown on your driver's license.)	
Primary Street Address*	
City*	State*      Zip*
Mailing Address	
City	State      Zip
County of Residence	
Social Security # or Tax ID	Date of Birth
CONTACT INFORMATION	
Home Phone Number _____	
Mobile Phone Number _____	
Business Phone Number _____	
Personal Email Address _____	
Business Email Address _____	
Annual Salary _____	
Gross Annual Farm Income/Other Income _____	
Number of Years Farming _____	

Applicant(s)/Borrower(s) by signing this Loan and Membership Application hereby acknowledge that it is understood that the making of a false statement or report in connection with this application or any other information provided to Lender to induce Lender to make loan(s) or advances; or the failure to remit collateral proceeds to the Association subsequent to the making of loan(s) or advances herunder 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. I understand that the law requires that I promptly pay on the loan as received all proceeds of sale of property securing the loan.

AUTHORIZATION TO RELEASE CREDIT INFORMATION: I grant Southwest Georgia Farm Credit, ACA to obtain a credit report on me in connection with this transaction for all legitimate purposes. I also grant permission to any and all those creditors to provide all information requested by Southwest Georgia Farm Credit, ACA.

Have you filed bankruptcy within the last 7 years?      \_\_\_\_ Yes      \_\_\_\_ No

Are there any outstanding judgements against you?      \_\_\_\_ Yes      \_\_\_\_ No

Date \_\_\_\_\_

Guarantor/Co-Applicant Signature \_\_\_\_\_