



FIRST FARMERS STATE BANK

Employee Owned. Customer Focused.

Bloomington
 4001 GE Road • Bloomington, IL 61704
 P 309.663.6200 • F 309.663.2880

Delavan
 301 Locust Street • Delavan, IL 61734
 P 309.244.9277 • F 309.244.9115

Minier
 101 S. Main Street • Minier, IL 61759
 P 309.392.2623 • F 309.392.2504

1.800.441.2265 • www.firstfarmers.com • Since 1875 • Member FDIC

LOAN / LEASE APPLICATION

First Farmers State Bank		Dealer Name:	
101 S. Main	Phone: 800-441-2265	Address:	
P O Box 800	Phone: 309-392-2623		
Minier IL 61759	Fax: 309-392-2504	Phone:	Fax:

Applicant Name:	_____ individual _____ joint _____ corporation _____ partnership		
Address:	Tax I.D. or SSN:	Birth Date:	
Mothers Maiden Name:	Location of Equipment: Address:		
County:	Home Phone:	Cell Phone:	Work Phone:
Driver's License No.:	State of Issuance:	E-Mail Address:	
Date of Issuance:	Date of Expiration:	Permission to use E-Mail: <input type="checkbox"/> Yes	

LEASE OR LOAN DETAILS

PURCHASE PRICE:	PAYMENT FREQUENCY:
LENGTH OF CONTRACT:	PAYMENTS IN - ADVANCE / ARREARS (circle one)

DESCRIPTION OF EQUIPMENT

Equipment:	Equipment:	Equipment:
Make: Year:	Make: Year:	Make: Year:
Model:	Model:	Model:
Serial #	Serial #	Serial #

BANK REFERENCES

Bank	Phone	Acct #	Officer	CK	SV	LN

TRADE REFERENCES

Firm Name	Phone (Include Area Code)	Ask For	Address

AGRICULTURAL INCOME

Years in Business _____

Crops	# Acres Owned	# Acres Rented	Rental Terms	Length of Land Lease	# of Years on this farm

OFF FARM INCOME \$ _____

FINANCIAL STATEMENT

ASSETS		LIABILITIES	
Cash		Short Term Notes	
Crop & Feed Inventory		Accounts Payable	
Livestock Held for Sale		Unpaid Taxes	
Marketable Stocks & Bonds		Current Portion Term Debt	
Accounts Receivable		Accrued Interest	
Other Current Assets		Other Current Liabilities	
TOTAL SHORT TERM ASSETS		TOTAL SHORT TERM LIABILITIES	
Machinery & Equipment		Machinery & Equipment Loans	
Breeding Stock		Breeding Stock Loans	
Real Estate		Real Estate Loans	
Real Estate		Other Long Term Loans	
Other Long Term Assets		TOTAL LONG TERM LIABILITIES	
TOTAL LONG TERM ASSETS		TOTAL LIABILITIES	
		NET WORTH (Total Assets - Total Liabilities)	
TOTAL ASSETS		TOTAL NET WORTH & LIABILITIES	

LISTING OF EQUIPMENT LEASE

Type of Equipment	Payment Amount	# of Payments/year	Lease Expiration Date

ADDITIONAL INFORMATION

Please circle the appropriate answer to the following questions.

Have any unsatisfied judgments been rendered against you in the last 7 years?	Yes	No	Are you a co-maker, co-signer or guarantor on any loans, contracts or leases?	Yes	No
Have you been declared bankrupt in the last 10 years?	Yes	No	Are any accounts past due?	Yes	No
Have you had any equipment repossessed in the last 7 years?	Yes	No	Do you have any loans, contracts or leases with us?	Yes	No
Are you a party to a lawsuit?	Yes	No			

NOTE: Attach Explanation for any YES Answers.

CHECK HERE if you are applying for individual credit in your own name and are relying on your own income, or assets and not the income or assets of another person as the basis for repayment of the credit requested, or if this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s).

CHECK HERE if you are applying for individual credit but are relying on the income or assets of another person as a basis for repayment of the credit requested or on income from alimony, child support, or separate maintenance. First Farmers State Bank reserves the right to request additional financial information from the applicant as it deems necessary.

I/We have applied for a loan or lease from FIRST FARMERS STATE BANK. I/We authorize FIRST FARMERS STATE BANK, its officers, employees, and agents, to make all inquiries the Bank deems necessary in its sole discretion to determine my/our credit worthiness, including but not limited to procuring credit reports and credit information from credit reporting agencies, financial institutions, extenders of credit references, and my/our present and former employers, suppliers, merchants, landlords, and grain merchants creditors. I/We agree that a photo static or facsimile copy of this Authorization shall be considered as effective and as valid as the original. I/We hereby certify under penalty of law that the foregoing is a true and complete statement of my/our financial condition. In the event of any material change in my/our financial condition, I/We will notify you immediately in writing.

Applicant Name (Typed or Printed) _____

Applicant Name (Typed or Printed) _____

BY: _____
Signature Title Date

BY: _____
Signature Title Date