



2019 AGMO LOAN APPLICATION



(A) LOAN REQUEST \$ _____ Due Date _____

FAX to: 573-876-5422
EMAIL to: agmofinancing@mfa-inc.com

or
Mail to AGMO Corporation, 201 Ray Young Drive, Columbia, MO 65201-3199

(B) APPLICANT INFORMATION Provide a copy of Drivers License for each individual

MFA LOCATION _____

Individual Legal Name [must be the same as driver's license] Loan requires at least one Individual		Social Security Number	Year Began Farming	Date of Birth
Applicant				
Co-Applicant				
Entity Information - Include entity formation documents.				
Business Name		Entity Type <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____		
<input type="checkbox"/> Check this box if you want Loan in the Business Name.		Tax ID Number	State of Formation	
Mailing and Physical Address	City	State	Zip	County of Residence
Phone #	Cell #		Email	

(C) APPLICANT FINANCIAL AND INCOME INFORMATION Requests over \$250,000 attach the most recent three years of tax returns and year-end balance sheet for all applicants. Loans \$250,000 or less complete below. MFA reserves the right to request additional information.

	Assets	Liabilities	Income (Annual)	
Current Value (Cash, Crop, etc.)	\$ _____	\$ _____	Gross Farm	\$ _____
Intermediate Value (Machinery, etc.)	\$ _____	\$ _____	Non-Farm	\$ _____
Long Term Value (Real-estate, etc.)	\$ _____	\$ _____		

(D) LINE OF CREDIT Do you have a line of credit? Yes No If yes, complete below

Lender Names with a Line of Credit	Line of Credit Amount	Current Principal Balance	Secured By
	\$ _____	\$ _____	
	\$ _____	\$ _____	

(E) Crop by County (List acres of each crop type separately)

County	State	Crop (Listing for each crop separately)	Acres (For each crop type)	Average yield	(Less) Prod. Used for Feed %	(Less) Landlord's Share %	Price Per Unit	Total Crop Value
Total crop value:								

(F) LIST OF BUYERS OF CROPS

Name	Address	City and State	Phone

(G) CROP INSURANCE Do you carry crop insurance? Yes No If yes, complete below

Crop Ins. Agent Name	Ins. Agent Phone Number	Coverage %	Type (Circle) RP YP OTHER		
Ins. Agent Address	City	State	Zip		
May an MFA representative contact you about your crop insurance needs? <input type="checkbox"/> Yes <input type="checkbox"/> No					

