

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions 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.

Application

Correspondent name:	
Salesperson:	

Email <u>ironcountry@dakotamac.com</u> 605-668-0669 Fax

Phone 605-665-4906 or 800-682-4578 Under the Equal Credit Opportunity Act and Regulation B, IronCountry® (Bank) must verify how you intend to apply for credit. ☐ If there is more than one party to this loan, the following individuals intend to be a joint applicant: Provide Initials _____ **APPLICANT INFORMATION** Legal Middle Name: Legal First Name: Legal Last Name: OR Legal Business or Entity Name: Address: State: ZIP: Date of Birth: Year Began Farming: City: Fed. Tax ID/Social Sec. #: County: No. of dependents: Email address: Telephone: Marital Status: Current employer: Length of employment: Cell phone: ☐ Separated Description of Business &/or Custom Services: ☐Unmarried (include single, Fax: divorced, widowed) Employer address: ☐ Individual/Sole Proprietorship ☐ General Partnership ☐ Limited Liability Corporation ☐ Corporation ☐ Limited Partnership Other ____ (ie. Trust) **CO-APPLICANT INFORMATION** Legal Last Name: Legal First Name: Legal Middle Name: OR Legal Business or Entity Name: Address: ZIP: Date of Birth: City: State: Year Began Farming: Fed. Tax ID/Social Sec. #: County: No. of dependents: Email address: Telephone: Marital Status: Current employer: Length of employment: ☐ Married Separated Cell phone: Description of Business &/or Custom Services: Unmarried (include single, divorced, widowed) Employer address: Fax: ☐ Individual/Sole Proprietorship ☐ General Partnership ☐ Limited Liability Corporation ☐ Limited Partnership ☐ Corporation Other ____ Purchase price: Amount requested: Term: 3 yr ☐ 4 yr ☐ 5 yr ☐ 6 yr □ 7 yr Other (specify): Loan Lease Payment frequency:

Monthly ☐ Fixed rate Variable rate ☐Semi-annual Annual Purchase/Collateral Item (ie. combine, shed): Year: Make: Model: Serial number: For fixtures, enter county and state of item location: For fixtures, also provide legal description: Is there a trade in?: Trade in If yes, what is the trade item?: Is the trade item financed?: If yes, provide Lender and est. payoff:

FINANCIAL AND OPERATING INFORMATION									
Years at Current Address:	Existing Client?		Total Assets:		Total Liabilities:				
	3 - 1								
Gross Farm Income: Net Non Farm Incom	ne:	Source of Non Farm Income?		Major agricultur	ral product(s):				
\$ \$, ,					
Continued on next page									

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Will the collateral be used for consumer purposes?	☐ Yes	□No	Will the collateral be used for custom farming? ☐ Yes			
	☐ Yes	□No	Have you ever declared bankruptcy?	☐ Yes	□No	
Are you a defendant in any pending lawsuits?	☐ Yes	□No	No Are any accounts past due?			
Have you been in default with any lender or financial	institutio	n in the la	ast 3 years?	☐ Yes	□No	
If you have answered "Yes" to any of the above quest	tions, ple	ease give	details (use separate sheet if necessary):			
Insurance Agent: Agency name:						
Insurance Phone:		Insuran	ce Address:			
SIGNATURES AND AUTHORIZATIONS						
supply additional information and to provide secu	urity for and any equeste	the requoter other in d by Bar		(We) agree	and	
X			X			
	Date		Print & Sign Legal Name	Date	е	
TO BE COMPLETED BY IronCountry®: This application ☐ Face to face interview ☐ Mail ☐ Telephone	n was tak	cen by:	IronCountry®SIGNATURE:			
Internet/Email Fax			Date Application Received by IronCountry®:			
As a customer, or a proposed customer, of Iron terms for the life of my (our) relationship with the control of the life of my (our) relationship with the control of the life of my (our) relationship with the control of the life of my (our) relationship with the control of the life of my (our) relationship with the life of my (ou	e Bank:		duct of First Dakota National Bank (Bank), I (we) agre	e to the follo	owing	
2. The Bank or its agents are authorized to	o make ake inq	credit (checks or inquiries concerning matters listed as as oncerning subsequent transaction or loan servicing	sets, liabiliti questions ar	es, and rising or	
			nformation relative to any loans, accounts, purchase marketing information relative to my (our) business			
regarding an application or any subsequ	ent trai	nsaction to share	agencies and other creditors doing business with raise, loan servicing actions, and general credit histore all documents and information, which the Bank detricipation or assignment of a loan.	y resulting t	from an	
The Bank is authorized to share credit infloan servicing.	formatio	on with t	itle companies and insurance agencies regarding a	oproval for o	credit or	
representatives, persons or entities that I	I/we de e furnis	signate. shed to	on to my (our) attorneys, accountants, or other The Bank has permission to inspect and examine said attorneys, accountant, or other authorized ager d financial reports directly to the Bank.	all of my f	financia	
This Authorization is supplemental and in a subsequent loan document.	addition	to any	terms or conditions agreed between me/us and the	Bank in any	prior o	
Date:						

(Photocopies of this portion of the application may be presented to and relied upon by my/our creditors and others as evidence of authorization to release information to the Bank).

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