

The Sunrise Group, Inc. 402 Clermont Street, PO Box 237, Elgin, IA 52141-0237 Ph: 563-426-5000 Fax: 563-426-5586

Complete Legal Co	ompany Name:		Pnone	#:	Fax i	#:	
Mailing Address:			Cell Ph	one #:			
City/State/Zip:		County: Years Under Same Ownership:					
Dairy Location:		Date Business Started:					
Type of Business	(Check One): Corporation	□Partnership [Proprietors	hip Nonprofit]LLC		
Any Other Busines	ss Names Used? If so, plea	ase specify:					
Federal I.D. No.: _		Date of I	ncorporatio	n:			
Do you have a con	nputer? Yes No	E-mail Address:					
OFFICERS/OWNE	RS/PARTNERS: (<i>Those aut</i>	horized to sign lea	se.) Social	Security Number Re	equired!		
Full Name (include	e Spouse's name)	Title %Owned		Home Address		Soc.Sec. #	
Spouse:							
<u>орожоо.</u>							
Spouse:							
	ficer filed Bankruptcy in the	e last 10 years?	Yes]No			
BANK REFERENC	FS: (To support time in husi	ness nlease list nre	vious Rank(s	s) if applicable \ Acc	t # Required!		
Bank Name	Lo. (10 support time in busin	ess, please list previous Bank(s), if applicable.) An Phone # Acct. # (List All)			Contact Type Account		
					. "		
TRADE REFERENCE Company Name	CES: (3 MAJOR Trades vita	Phone #	of business t	hat you have a long-s Acct. #		Ship with) Contact	
Company Name		THORE #		71001111			
(Veterinarian)							
CATTLE TO BE LE	ASED:						
QUANTITY	Description			Price	-	Term Requested	
Do you have a cattl	e supplier located? Yes	□No If so, who:			Phone #:		
I will agree to a milk	assignment to fulfill my mor	nthly payment?]Yes □No	Amount of existing	g assignment: \$_		
The undersigned aut	horizes all parties contacted to	release credit & fina	ncial informat	ion requested by The S	Sunrise Group, Inc	c. or their assigns.	
Signature		Title			Date		

ADDITIONAL INFORMATION FOR AGRICULTURE APPLICANTS

Number	of Emplo	yees: Full Time:	Part T	ime/Seasonal:				
Number of Acres Owned:		Numb	imber of Acres Leased: payment per month \$					
Principal	Crops: _							
		v per day: \$				ased:		
Do you h	ave a nu	tritionist?]No Name: _			Phone	#:	
What do	you do w	rith your newborn heife	r calves? 🔲 I	Keep them	Sell them	☐ Other If oth	ner, please explain:	
		l: 2016					-	
Avg. Nur	nber milk	ed: 2016	2017	2018	Cı	urrent		
		oduction per month:		Current milk pri	ce:	Somatic Cell	Count:	
Principa	l Co-op	or Creamery you deal	with:	Prir	cipal Feed S	upplier:		
Name: _				_ Nan	ne:			
Address:				Address:				
Phone:			Phone #:					
Contact I	Person: _							
Patron N	umber #:							
		or Creamery you have			is the source	ce of your crop fin	ancing?	
Name: _		How L	ong?					
Name: How Long?								
Name: How Long?			Phone #:					
		71011 2	ong		π			
Equipme	ent and la	and payments each n	nonth:					
Equipme	nt Payme	ents: \$	per mon	th Lan	d Payments \$	8	per month	
	· - · ·			STATE INFO	RMATION*			
ract#	Total Acres	Property Owner	Estimated Value	Mortgage Amount		Mortgage Holder	Monthly Payment	



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FINANCIAL STATEMENT

Name			Busi	ness Phone #		
Average milk produ	ction per month	l	bs. Aver	rage sale price per cwt. (past year)		
WHAT I OWN		No.	Total Value	WHAT I OWE	Mo. Pymt	Balance Due
CASH				Livestock mortgaged or leased from:		
INVESTMENTS				(include telephone numbers)		
LIVESTOCK						
Dairy Cows – milki	ng					
Dairy Cows – dry						
Dairy Heifers						
Dairy Yearlings				Trucks/Autos mortgaged or leased:		
Dairy Calves				(include telephone numbers)		
Bulls						
Other						
TRUCKS/AUTOMO	DBILES			Machinery mortgaged or leased from:		
				(include telephone numbers)		
EQUIPMENT/MAC	CHINERY					
				Feed/Crops mortgaged from:		
FEED				(include telephone numbers)		
CROPS GROWING	OR FOR SALE					
				Real Estate mortgaged or leased:		
REAL ESTATE	Acres	Tillable	Value	(include telephone numbers)		
Home/Farm						
Other Parcels						
				Land leased/rented from:		
Rented Land			XXXX	(include telephone numbers)		XXXX
			XXXX			XXXX
			XXXX			XXXX
CASH ON HAND & IN THE BANK			\$	Unsecured notes to banks:		
OTHER ASSETS			\$	Any other debt not listed elsewhere:		
			\$			
			\$			
			\$	MODAL LIA DII INIC	Φ.	<u> </u>
TOTAL ASSETS	\$			TOTAL LIABILITIES	\$	
TOTAL OF WHAT	I OWN LESS WHAT	Γ I OWE		\$		
statement shall rema	in the property of The	e Sunrise Gro	oup, Inc. an	, and are made for the purpose of obtain d its assigns. You are authorized to pro assignments and milk sales from any purch	cure report	ts and/or credit
Date Signed:		_, 20	Signatu	ure:		
Date Signed:, 20						

CREDIT AUTHORIZATION TO RELEASE INFORMATION

I/We the undersigned are applying for credit from The Sunrise Group, Inc. or it's assigns.

I/We understand and agree that you may assign or transfer this credit application to others to decide whether or not to extend credit. I/We authorize all banks and business references, as well as any of my/our lessors, landlords and any other past or present creditors to give any information to you, your assignees or transferees, which will assist you in your credit inquiry. This authorization includes procuring a listing of my/our assignments and milk sales from any purchaser of my/our milk.

TIME BEING OF THE ESSENCE, PLEASE PROVIDE THIS INFORMATION UPON RECEIPT.

NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICATIONS ON THE BASIS OF RACE, COLOR, RELIGION, NATURAL ORIGIN, SEX MARITAL STATUS, OR ARE (PROVIDED THE APPLICATION HAS CAPACITY TO ENTER INTO A BINDING CONTRACT); OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTRERS COMPLIANCE WITH THIS LAW IT THE:

FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY WASHINGTON, KC 20580

Applicant Signature	Applicant Signature	
Printed Name	Printed Name	
Title	Title	
Date	 Date	

NOTE: Use full legal name(s). Signature(s) must be only those of duly authorized corporate office, partner or proprietor, with tile indicated.