

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

Complete Legal Company Name: _____ Phone #: _____ Fax #: _____

Mailing Address: _____ Cell Phone #: _____

City/State/Zip: _____ County: _____ Years Under Same Ownership: _____

Dairy Location: _____ Date Business Started: _____

Type of Business (Check One): Corporation Partnership Proprietorship Nonprofit LLC

Any Other Business Names Used? If so, please specify: _____

Federal I.D. No.: _____ Date of Incorporation: _____

Do you have a computer? Yes No E-mail Address: _____

OFFICERS/OWNERS/PARTNERS: (Those authorized to sign lease.) Social Security Number Required!

Full Name (include Spouse's name)	Title	%Owned	Home Address	Soc.Sec. #
Spouse:				
Spouse:				

Has any Owner/Officer filed Bankruptcy in the last 10 years? Yes No

BANK REFERENCES: (To support time in business, please list previous Bank(s), if applicable.) Acct. # Required!

Bank Name	Phone #	Acct. # (List All)	Contact	Type Account

TRADE REFERENCES: (3 MAJOR Trades vital to daily operation of business that you have a long-standing relationship with)

Company Name	Phone #	Acct. #	Contact
(Veterinarian)			

CATTLE TO BE LEASED:

QUANTITY	Description	Price	Term Requested

Do you have a cattle supplier located? Yes No If so, who: _____ Phone #: _____

I will agree to a milk assignment to fulfill my monthly payment? Yes No Amount of existing assignment: \$ _____

The undersigned authorizes all parties contacted to release credit & financial information requested by The Sunrise Group, Inc. or their assigns.

Signature

Title

Date

ADDITIONAL INFORMATION FOR AGRICULTURE APPLICANTS

Number of Employees: Full Time: _____ Part Time/Seasonal: _____

Number of Acres Owned: _____ Number of Acres Leased: _____ payment per month \$ _____

Principal Crops: _____

Feed cost per cow per day: \$ _____ Percentage of feed purchased: _____ %

Do you have a nutritionist? Yes No Name: _____ Phone #: _____

What do you do with your newborn heifer calves? Keep them Sell them Other If other, please explain:

Size of Dairy Herd: **2011** _____ **2012** _____ **2013** _____ Current _____

Avg. Number milked: **2011** _____ **2012** _____ **2013** _____ Current _____

Pounds of milk production per month: _____ Current milk price: _____ Somatic Cell Count: _____

Principal Co-op or Creamery you deal with:

Name: _____

Address: _____

Phone: _____

Contact Person: _____

Patron Number #: _____

Principal Feed Supplier:

Name: _____

Address: _____

Phone #: _____

Contact Person: _____

Previous Co-op or Creamery you have dealt with:

Name: _____ How Long? _____

Name: _____ How Long? _____

Name: _____ How Long? _____

Who is the source of your crop financing?

Name: _____

Contact Person: _____

Phone #: _____

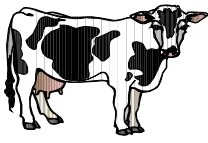
Equipment and land payments each month:

Equipment Payments: \$ _____ per month Land Payments \$ _____ per month

REAL ESTATE INFORMATION*

Tract #	Total Acres	Property Owner	Estimated Value	Mortgage Amount	Mortgage Holder	Monthly Payment

- CIRCLE WHICH TRACT THE DAIRY CATTLE WILL BE LOCATED



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FINANCIAL STATEMENT

Name _____ Business Phone # _____

Average milk production per month _____ lbs. Average 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 – milking						
Dairy Cows – dry						
Dairy Heifers						
Dairy Yearlings				Trucks/Autos mortgaged or leased:		
Dairy Calves				(include telephone numbers)		
Bulls						
Other						
TRUCKS/AUTOMOBILES				Machinery mortgaged or leased from:		
				(include telephone numbers)		
EQUIPMENT/MACHINERY						
				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:		
			\$			
			\$			
			\$			
TOTAL ASSETS			\$	TOTAL LIABILITIES	\$	
TOTAL OF WHAT I OWN LESS WHAT I OWE					\$	

The information and statements above are accurate and complete, and are made for the purpose of obtaining credit. This financial statement shall remain the property of The Sunrise Group, Inc. and its assigns. You are authorized to procure reports and/or credit information from any of my creditors or references, also a listing of my assignments and milk sales from any purchaser of my milk.

Date Signed: _____, 20____ Signature: _____

Date Signed: _____, 20____ Signature: _____

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.