FEDERATED BANK
AGRICULTURAL/COMMERCIAL CREDIT APPLICATION

Amount Requested: _____ **Phone #:** _____

Purpose/Use: _____

Terms Requested: _____

Full Name(s) _____ **SSN:** _____ **DOB:** _____

_____ **SSN:** _____ **DOB:** _____

Address: _____

Nature of Business _____ **How Long:** _____

Other Income _____

Financial Statement Attached dated: _____

Required Attachments: ☐ Balance Sheet ☐ Inc Stmt/Tax Return ☐ Cashflow ☐ Credit Bureau

The application is provided for the purpose of obtaining credit for the applicant(s) or for the purpose of applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this statement will be relied on by Lender in its decision to grant such credit. This statement is true and correct in every detail and accurately represents the Applicant(s) on the date given below. Applicant(s) will promptly notify Lender of any subsequent changes which wuold affect the accuracy of this Statement. Lender is authorized to retain this statement, whether or not the credit requested is approved, and to make all inquiries necessary to verify the accuracy of this Statement. Lender is further authorized to answer any questions about Lender's credit experience with applicant(s).

Were your gross revenues $1,000,000 or less in your previous fiscal year? ☐ Yes ☐ No If you answered "yes" and the Creditor denies your application for credit you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact: Federated Bank, 107 N. Chestnut, PO Box B, Onarga, IL 60955 within 60 days from the date you are notified of Creditor's decision. The Creditor will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The following notice describes additional protections extended to you.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color religion, national origin, sex, martial status, age (providing the applicant has the capacity to enter into a binding contract): because all or a part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act, the federal agency that administers compliance with this law concerning this creditor is: Chicago Regional Director, Federal Deposit Insurance Corporation, 30 S. Wacker Drive, Suite 3100, Chicago, Illinois 60606.

_____ _____

Applicants Signature Date Co-Applicants Signature Date

For financial institution use only:

LENDER APPROVAL: _____

JOINT APPROVAL: _____ _____

COMMITTEE APPRVL: _____ _____

_____ _____