

For the purposes of obtaining credit from time to time with the bank, the following statement and information are furnished as a complete, true, and accurate statement of the financial condition. All amounts are rounded to the nearest \$100.

Financial Statement as of:

1. CREDIT TYPE				
<p>IMPORTANT: Please read these directions before completing this financial statement. Check box that applies.</p> <p><input type="checkbox"/> If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, only complete the applicant sections of this financial statement.</p> <p><input type="checkbox"/> If you are applying for joint credit with another person, complete all sections, providing information about both applicants.</p> <p><input type="checkbox"/> We intend to apply for joint credit (please initial) Applicant _____ Co-Applicant _____</p> <p><input type="checkbox"/> If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all sections to the extent possible, providing information in the Co-Applicant sections about the person on whose alimony, child support, or maintenance payments or income/assets you are relying.</p>				
Amount Requested	For How Long	Payment	Want to Repay <input type="checkbox"/> Monthly <input type="checkbox"/> Other	Proceeds of Loan to be used for:

Applicant	2. APPLICANT INFORMATION				Co-Applicant		
Name (include Jr. or Sr. if applicable)				Name (include Jr. or Sr. if applicable)			
Social Security No.	Home Phone	Birthdate	Yrs. School	Social Security No.	Home Phone	Birthdate	Yrs. School
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Explain)	Dependents (not listed by Co-App) No./Age			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Explain)	Dependents (not listed by App) No./Age		
Address (street, city, state, zip) <input type="checkbox"/> Rent <input type="checkbox"/> Own No.Years				Address (street, city, state, zip) <input type="checkbox"/> Rent <input type="checkbox"/> Own No.Years			

Applicant	3. EMPLOYMENT INFORMATION				Co-Applicant	
Name & Address of Employer		<input type="checkbox"/> Self Employed*	Name & Address of Employer		<input type="checkbox"/> Self Employed*	
Yrs. In this line of work or profession:		Yrs on Job:	Yrs. In this line of work or profession:		Yrs on Job:	
Position/Title/Type of Business		Business Phone	Position/Title/Type of Business		Business Phone	
<i>If employed in current position for less than two years or if currently employed in more than one position, complete the following:</i>						
A-Applicant	Previous Employer	City/State	Type of Business	Position/Title	Dates From/To	Monthly Income
C-CoApp						

* Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

4a. ASSETS		4b. LIABILITIES	
Current Assets		Current Liabilities	
Crops on Hand (Schedule A)		Notes Payable (Due within 1 yr)/Lendor	
Growing Crops (Schedule B)			
Accounts Receivable (Schedule C)			
Feed on Hand (Schedule D)		Credit Cards	
Marketable Livestock (Schedule E)		Real Estate Taxes Payable	
Cash on Hand and in Banks			
Savings			
Supplies			
Total Current Assets		Total Current Liabilities	

Please Initial _____

4a. ASSETS, Continued		4b. LIABILITIES, Continued	
Intermediate Assets		Intermediate Liabilities	
		Payment / Due Date / Balance	
Production Livestock (Schedule F)		Unmatured Debt (Schedule I)	
Vehicles, Machinery, Equip; Non-Titled (Schedule G)			
Vehicles, Machinery, Equip; Titled (Schedule G)			
Irrigation Equipment (Schedule H)			
Life Insurance Cash Value			
Stocks and Bonds			
AUM Grazing Rights Forest/BLM			
Retirement Accounts			
Total Intermediate Assets		Total Intermediate Liabilities	
Long Term/Fixed Assets		Long Term Liabilities	
		Payment / Due Date / Balance	
Real Estate Owned; Farm (Schedule J)		Real Estate Mortgages	
Real Estate Owned; Non-Farm (Schedule J)			
Pensions &/or Annuities (Vested Interest)			
Total Fixed Assets		Total Fixed Liabilities	
TOTAL ASSETS		TOTAL LIABILITIES	
NET WORTH		NET WORTH PERCENTAGE	
		NET WORTH and LIABILITIES	

5. INSURANCE

Company	Agent	Email
Phone	Fax	Address
Comments:		

6. SCHEDULES

Schedule A – CROP ON HAND				Schedule B – GROWING CROPS			
Product	Quantity	Price	Value	Crop	Acres	Price	Value
Total				Total			

Schedule C – ACCOUNTS RECEIVABLE				Schedule D – FEED ON HANDS			
Product	Quantity	Price	Value	Kind	Quantity	Price	Value
Total				Total			

Schedule E – MARKETABLE LIVESTOCK				Schedule F – PRODUCTION LIVESTOCK			
Kind	Number	Price	Value	Kind	Number	Price	Value
Total				Total			

Please Initial

6. SCHEDULES, Continued

Schedule G - VEHICLES, MACHINERY & EQUIPMENT

Titled				
Make	Model	Description	Year	Value
Total				

Non-Titled				
Make	Model	Description	Year	Value
Total				

Schedule H - IRRIGATION EQUIPMENT			
Description	Make	Year	Value
Total			

Schedule I - UNMATURED DEBT (1-10 years)			
Creditor	Payment	Term	Balance
Total			

Schedule J - REAL ESTATE OWNED

Farm			
Description/Location	Liens?	Lien Holder	Value
	N / Y		
	N / Y		
	N / Y		
	N / Y		
	N / Y		
	N / Y		
Total			

Non-Farm			
Description/Location	Liens?	Lien Holder	Value
	N / Y		
	N / Y		
	N / Y		
	N / Y		
	N / Y		
	N / Y		
Total			

7. ACKNOWLEDGEMENT AND AGREEMENT

Insurance on Crops _____	Worker's Compensation <input type="checkbox"/> N <input type="checkbox"/> Y
Insurance on Buildings (Fire, Ext Cov.) _____	Estate Plan <input type="checkbox"/> N <input type="checkbox"/> Y
Insurance on Machinery, Equipment, Livestock _____	Are any suits pending against you? <input type="checkbox"/> N <input type="checkbox"/> Y
Liability Insurance Coverage _____	Do you carry health, accident or hospital insurance? <input type="checkbox"/> N <input type="checkbox"/> Y

BLANKET AUTHORIZATION I certify that everything state in this application and on any attachments is true and correct. I have made no misrepresentations in this application or with other documents, nor did I omit any pertinent information. I have applied for the loan indicated in this application to be secured by a first mortgage or deed of trust on the property described herein, and represent that the property will not be used for any illegal or restricted purpose. I fully understand that it is a Federal crime to knowingly make any false statements when applying for a loan. The Lender may keep this application whether or not it is approved. I hereby give my consent for information contained in this loan application or in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program, to be verified or re-verified. This verification/re-verification may be made by SUMMIT NATIONAL BANK, its agents, successors, and assigns either directly or through a credit reporting agency. I understand that I must update credit information at Lender's request if my financial condition changes.

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. FEDERAL LAW PROHIBITS YOU FROM CONDITIONING EXTENSION OF CREDIT ON EITHER: (1) My purchase of an insurance product or annuity from you or from your affiliates; or (2) My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

By signing, I acknowledge that I have read and understand both the Blanket Authorization and the Federal Credit Application Insurance Disclosure.

Applicant's Signature

Date

Co-Applicant's Signature

Date