



INTEREST FREE SEED FINANCING APPLICATION

APPLICATION MUST BE RECEIVED BY FEBRUARY 15, 2012

AN INCOMPLETE APPLICATION WILL DELAY CREDIT REVIEW – ALL FIELDS REQUIRED

Operation Type: (Check one) <input type="radio"/> Proprietorship <input type="radio"/> Partnership <input type="radio"/> Cooperative <input type="radio"/> Limited Liability Company <input type="radio"/> Corporation <small>Proprietorship: Owner must sign application Partnership: A general partner must sign application Corp., LLC, or Coop: Authorized officer must sign application</small>			
Applicant Name		Date of Birth	SS# AND FEIN # (if applicable)
First Name	Last Name		
Mailing Address		Monsanto Technology License # (Required)	Years in Business
City/State/Zip		Email Address	
Phone Number AND Cell Phone Number		DSM Name	
REQUESTED CREDIT LIMIT \$ _____			

CURRENT FINANCIAL CONDITION (Must be completed in full)				
INCOME			Who financed your seed purchases last year?	
Gross Farm	Net Farm	Other	Company Name: _____	
			Contact: _____ Phone # _____	
LAND				
Acres Owned	Acres Farmed	Corn Acres	Soybean Acres	Other Acres
Have you ever been in bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year filed / Chapter /	Discharge Date	Do you have any unsatisfied judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No

BANK REFERENCE/PRIMARY LENDER		TRADE REFERENCE	
Name:		Name:	
City, State:		City, State	
Contact:		Contact:	
Phone #	Fax #	Phone #	Fax #

PLEASE ATTACH CURRENT FINANCIALS (Less than 1 year old)

- If requesting \$50,000 or greater **Required:** Current Balance Sheet
- If requesting \$250,000 or greater **Required:** Current Balance Sheet, Current Income Statement, and Latest Income Tax Return

The undersigned authorizes Rea Hybrids, a division of American Seeds LLC. ("Rea") or its assignee to give or obtain credit information and release and hold harmless Rea and its assignee, if any, and any lender or grantor of credit information from any and all claims or causes of action that may arise relating to the use or transfer of this credit information. The undersigned declares all information is correct to the best of their knowledge.

Grower Signature (Required)	Date	Co-Applicant
Dealer Name:	Dealer #	City, State, Phone #

