

## Commercial Farm Loan Agent Approval Process

It is our pleasure to provide you with the necessary information and documents to begin the Farm Loan Agent approval process with American Farm Mortgage & Financial Services. We offer competitive loans, programs, and pricing, while providing fast and efficient service to you, the agent.

We are committed to doing the right thing, and because of this commitment, AFMC takes pride in confirming the information, references, reputation, and practices of the people and companies who choose to do business with us. Upon receipt and review of your completed application, we will promptly notify you of our decision regarding your application.

The following documents are required to complete the application package:

- a. Completed Application, signed and dated.
- b. Copy of all Lending Licenses (if applicable).
- c. Complete copy of your Articles of Incorporation/Organization or Partnership Agreement (if applicable).
- d. Current Financial Statements, including Balance Sheet, certified as accurate and complete by an authorized officer.
- e. Copy of Borrower/Broker Agreement your company provides to borrowers (where applicable).
- f. Copy of the Surety Bond (where applicable).
- g. Resume

Please send your completed Commercial Agent package to Tia Runner at [trunner@americanfarmmortgage.com](mailto:trunner@americanfarmmortgage.com).

Any questions regarding this information should be directed to Tia Runner by phone at (502) 736-3129 or email at [trunner@americanfarmmortgage.com](mailto:trunner@americanfarmmortgage.com).

Thank you for your interest in becoming an approved agent with American Farm. We look forward to a long and successful business relationship together!

### For Office Use Only

<input type="checkbox"/> Received	<input type="checkbox"/> Background Check	<input type="checkbox"/> Credit Check	<input type="checkbox"/> OFAC
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> By	<input type="checkbox"/> Date

**Applicant Information**

Full Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
 \_\_\_\_\_  
*City State ZIP Code*

Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Business Organization**

Full Name: \_\_\_\_\_ Federal I.D. No.: \_\_\_\_\_

Type of Entity:      Limited Partnership              General Partnership              C Corp  
                                  Sole Proprietorship              S Corp                              LLC  
                                  LLP                                      Other \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Suite #*  
 \_\_\_\_\_  
*City State ZIP Code*

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Other Names under which you do business or have done business: \_\_\_\_\_

Web Address (if applicable) : \_\_\_\_\_

How many originators are employed by the Company? \_\_\_\_\_

What is the Company's asset size? \_\_\_\_\_

Please include all licenses for the company as well as a company resume, if available.

**General Information**

1. Do you have experience in agricultural lending?	Yes	No
1 a. If yes, how many years?	_____	
2. What other types of lending do you provide?	_____	
3. What state(s) is your company licensed to do business in?	_____	
4. Does the company do business in any state(s) that does not require a license?	Yes	No
5. Are you currently originating loans for other lenders?	Yes	No
5 a. If yes, please list the top three.	_____	
	_____	
	_____	
6. Are there any lawsuits pending against you, or do you know of any that may be filed?	Yes	No
6 a. If yes, please explain.	_____	
	_____	
7. Does your company have other branches?	Yes	No
7 a. If yes, where?	_____	
8. Has the company ever had an agent packet pulled from a lender?	Yes	No
9. Are your company's loans processed by contract or in-house?	Contract	In-House

## Authorization

*By signing this document, I hereby state that all information contained in this application to be true and correct to the best of my knowledge. I give American Farm Mortgage® Company, Inc. permission to request a credit report from a credit reporting agency and to verify all references. I authorize a background screening and acknowledge receipt of the said from advising me of my rights under the screening process.*

### THE USA PATRIOT ACT

#### IMPORTANT INFORMATION ABOUT NEW PROCEDURES MANDATED BY THE USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering activities, the USA PATRIOT ACT, a Federal law, requires all financial institutions to obtain, verify, and record information that identifies each person as a broker/agent. **WHAT THIS MEANS TO YOU:** When you send your application, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

#### BACKGROUND SCREENING PERMISSION AND SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

##### Section 609

By signing your Commercial Farm Loan Agent Application, you give American Farm Mortgage® Company, Inc. permission to obtain an investigative report in relation to future or current employment. If an investigative report is used in a negative employment decision, you have the right to request, in writing, additional disclosures of the nature and scope of the investigation. American Farm Mortgage® Company, Inc. will comply with your written request five days after the date on which the written request was received.

You must be told if information in your file has been used against you. You can find out what is in your file. You can dispute inaccurate information with the CRA (Credit Reporting Agency). Inaccurate information must be deleted. However, the CRA is not required to remove data from your file that is accurate unless it is outdated or cannot be verified. You can dispute inaccurate items with the source of the information. Outdated information may not be reported. Access to your file is limited. Your consent is required for reports that are provided to employers or that contain medical information. You can stop a CRA from including you on a list for unsolicited credit or insurance offers. You may seek damages from violators.

\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
*Authorized Signer (please print)*

\_\_\_\_\_  
*Title Held within the Company*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

(the Company) may obtain information about you for employment (including contract or volunteer services) purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks, including drug screening. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by MBI Worldwide, Corporate Headquarters, 101 North Park Drive, Suite 200, Herrin, IL 62948, (866) 275-4624, www.mbiworldwide.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by MBI Worldwide, Corporate Headquarters, 101 North Park Drive, Suite 200, Herrin, IL 62948, (866) 275-4624, www.mbiworldwide.com, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. [ ]

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. [ ]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**APPLICANT INFORMATION**

**Please print/type the requested information. Lack of legible or missing information may delay processing of this request.**

Applicant Name: \_\_\_\_\_  
Last First Middle

Other legal names known by (limit to 7years): \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip County

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
(MM/DD/YYYY)

SS#: \_\_\_\_\_ Male / Female (Circle One) Race \_\_\_\_\_

**Home Addresses for the Past 7 Years:** (List additional addresses on separate page, if needed.)

Street Address	City	State/Zip	County	Dates	Mo/Year

Applicant Phone Number: \_\_\_\_\_  
(Area Code) + Telephone Number