



## Introduction / Authorization

# Farm Credit of Northwest Florida, ACA

**The Land Specialist** *Specializing in Custom Loans*

Thank you for your interest in Farm Credit of Northwest Florida, ACA.  
Our members enjoy the following benefits:

### Premier Client Service

*Your Request is Handled Locally with Emphasis on Confidentiality and Responsive Service*

### Competitive Rates & Flexible Terms

*Custom Loans, Designed to Meet Each Member's Specific Needs, are Our Specialty*

### Interest Refunds

*A Unique Cooperative Structure Provides The Opportunity To Save on Interest Expense*

Please provide the brief information requested below and sign the reverse side of this form:

Loan Purpose: \_\_\_\_\_

Amount of Request: \_\_\_\_\_

Primary Applicant: \_\_\_\_\_  
Last Name First Name MI

Address: \_\_\_\_\_  
Street/Rd City/State Zip

Date of Birth: \_\_\_\_\_ SS or Tax ID #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Are You A U.S. Citizen: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Earnings: \_\_\_\_\_

*If this is a joint request, please provide the following for the additional party:*

Additional Applicant: \_\_\_\_\_  
Last Name First Name MI

Address: \_\_\_\_\_  
Street/Rd City/State Zip

Date of Birth: \_\_\_\_\_ SS or Tax ID #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Are You A U.S. Citizen: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Earnings: \_\_\_\_\_

**Return To:**

**Farm Credit of Northwest Florida, ACA**  
**PO Box 7000**  
**Marianna, FL 32447-7000**  
**850/526-4910 or**  
**Nationwide Toll Free 800/527-0647**  
[marianna@farmcredit-fl.com](mailto:marianna@farmcredit-fl.com)  
**Visit our Web Page at: <http://www.farmcredit-fl.com>**

**Attention:** \_\_\_\_\_

**Confirmation of Individual/Joint Application**

Please confirm whether credit is requested on an individual or joint basis. This is not required if the only applicants are business entities and no natural persons are applying for credit.

*(If Applicable, Check Only One)*

I am applying for individual credit in my own name and I am relying on my own income and assets.

I am applying for individual credit in my own name and I am relying on my own income and assets, as well as income and assets from other sources.

We are applying for joint credit.

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**General Authorization**

The purpose of this form is to allow Farm Credit of Northwest Florida, ACA to:

- 1: Verify Deposits, Employment, Mortgage or Rental information
- 2: Release certain information to its employees or affiliates involved in processing my transaction
- 3: Request Credit Bureau reports and investigations as necessary

**TO WHOM IT MAY CONCERN:**

I hereby authorize you to release information concerning my credit, employment, rent or mortgage to Farm Credit of Northwest Florida, ACA, its employees or affiliates in connection with the processing or disposition of my business transaction.

Please accept a copy of this release as an acceptable authorization.

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

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

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

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