



Trilogy Ag – Credit Inquiry

Applicant Name: _____ **Date:** _____

Signature for release of information: _____

Name of Financial Institution: _____

Address: _____

Loan Officer : _____ **Phone #** _____

(To be filled out by financial institution)

PLEASE VERIFY THE FOLLOWING

Type of Business:

Corp. LLC ___ LLP ___ Partnership ___ Individual ___ Other: _____

How long has the applicant been a customer of this institution? _____ years

Has the applicant paid off loans satisfactory in the past? Yes No

Was the applicant granted crop input financing for 2021? Yes No

How much is the annual operating line? \$ _____

Does the operating line include money for fertilizer, seed, and chemicals? Yes No

Is the applicants Current Ratio (cur assets/cur liab.) less than 1.1? Yes No

Is the applicants Debt/Asset Ratio (tot liab./tot assets) greater than .6? Yes No

Is the applicants Long-term Debt/Equity ratio less than .65? Yes No

Would the applicant likely be eligible for renewal for next year? Yes No

Additional comments: _____

Verified by: _____ As of: _____

Title _____

Mail to: Trilogy Ag Group

or email to: damonr@trilogyag.com

P.O. Box 146 Argyle, MN 56713

Attention: Damon Reitz GM