



CENTRAL LIVESTOCK ASSOCIATION

A Subsidiary of Cooperative Resources International, Inc.
Revised 6-1-00

South St. Paul Market
310 Market Lane
South St. Paul, MN 55075

Telephone 1-800-733-1844
Fax 651-451-1774

LIVESTOCK FEEDING PROGRAM (LFP) APPLICATION

Name _____ Social Security / Tax ID # _____
Address _____ DOB _____ Phone # _____
City/State _____ Fax # _____
Postal Code _____ County _____ Email _____
____ Sole Proprietorship _____ Partnership _____ Corp. _____ Other _____

LIST YOUR CURRENT LIVESTOCK INVENTORY:

<u>Number</u>	<u>Kind</u>	<u>Ave. Wt.</u>	<u>Est. Value</u>	<u>Lien Holders</u>

PLAN/REQUEST:

<u># Head</u>	<u>Kind</u>	<u>Plan Time Period</u>

REFERENCES:

<u>Operating Lender</u>	<u>Feed Supplier</u>	<u>Farm Mortgage Holder</u>
_____	_____	_____
contact person	contact person	contact person
_____	_____	_____
address	address	address
_____	_____	_____
city, state, zip	city, state, zip	city, state, zip
_____	_____	_____
telephone	telephone	telephone

The undersigned livestock feeder hereby authorizes all references whether listed herein or otherwise disclosed and Experian Consumer Credit Services to release to CLA any information in their possession.

FINANCIAL INFORMATION:

Please complete the attached current balance sheet and enclose copies of your previous three years federal income tax returns. Include 1040's and Schedule F's.

_____ Signature	_____ Date
_____ Signature	_____ Date