

**LENDER'S AGREEMENT**  
**INSTRUCTIONS FOR PREPARATION**

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|---|---|
| <b>Purpose:</b><br>Used to establish the lender as an approved participant in the Guaranteed Loan Program of Farm Service Agency and establish the lender's status. |   |
| <b>Handbook Reference:</b><br>2-FLP   | <b>Number of Copies:</b><br>Original and multiple copies. |
| <b>Signatures Required:</b><br>Lender and FSA approval official.  |   |
| <b>Distribution of Copies:</b><br>Original to FSA approval office, copy to each FSA servicing office approved for lender, copy to lender.                           |   |
| <b>Automation-Related Transactions:</b> N/A   |   |

**Part A, Items 1 through 6:**

| Fld Name / Item No.   | Instruction   |
|---|---|
| 1<br>Lender's Name and Address  | Enter the Lender's name and mailing address.  |
| 2<br>Tax Identification Number  | Enter the Lender's 9 digit Internal Revenue Service Tax Identification number.  |
| 3<br>Telephone Number   | Enter the Lender's telephone number (Include Area Code).  |
| 4<br>Lender's Status  | Check the Lender's status as approved by Agency. (Preferred Lender, Certified Lender, Standard Eligible Lender and Micro Lender). |
| 5<br>Lender Offices Covered Under Agreement                                   | Enter all branches covered by agreement, including complete address.  |
| 6<br>Address of FSA Offices Where Lender is Authorized To Submit Applications | Enter the address for all FSA Offices where lender is authorized to submit applications.  |

**Lenders must complete Part J, Items 1 through 3:**

| <b>Fld Name / Item No.</b>                         | <b>Instruction</b>   |
|--|--|
| 1<br>Name and Title of Lender Representative       | Enter the name and title of Lender Representative.                           |
| 2<br>Signature of Authorized Lender Representative | Enter the signature of the authorized Lender Representative and date signed. |
| 3<br>Date  | Enter the date the form is signed.   |

**FSA must complete Part K, Items 1 through 5:**

| <b>Fld Name / Item No.</b>          | <b>Instruction</b>  |
|-------------------------------------|---|
| 1<br>Name and Title of FSA Official | Enter the name and title of FSA Official.                         |
| 2<br>FSA Official's Signature       | Enter FSA Official's signature.                                   |
| 3<br>Date                           | Enter Date the FSA Official signed the document.                  |
| 4<br>Effective Date of Agreement    | Enter effective date of agreement.                                |
| 5<br>Agreement Expiration Date      | Enter agreement expiration date ( <i>MLP, CLP and PLP only</i> ). |