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

## Part A, Items 1 through 6:

| Fld Name / Item No. | Instruction |
| --- | --- |
| 1  Lender’s Name and Address | Enter the Lender’s name and mailing address. |
| 2  Tax Identification  Number | Enter the Lender’s 9 digit Internal Revenue Service Tax Identification number. |
| 3  Telephone Number | Enter the Lender’s telephone number (Include Area Code). |
| 4  Lender’s Status | Check the Lender’s status as approved by Agency. (Preferred Lender, Certified Lender, Standard Eligible Lender and Micro Lender). |
| 5  Lender Offices Covered Under Agreement | Enter all branches covered by agreement, including complete address. |
| 6  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:

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

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

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