

Credit Application * Required



DEALERSHIP NAME*			STORE LOCATION*			SALESPERSON*			
APPLICANT TYPE:* <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> LIMITED PARTNERSHIP STATE OF ORGANIZATION* _____									
Business Applicant Information—Please complete section in its entirety if applicant is a legal entity									
LEGAL NAME OF BUSINESS			TAX ID NUMBER		BUSINESS PHONE		BUSINESS FAX	YEARS IN BUSINESS*	
BUSINESS ADDRESS (PRINCIPAL OFFICE/HEADQUARTERS)					CITY	STATE	ZIP	COUNTY	
Individual Applicant Information OR If Business Applicant, Please Provide Information for Officers, Owners, or Partners (As Guarantors)									
APPLICANT LEGAL NAME—AS IT APPEARS ON DRIVER'S LICENSE.* (INDIVIDUAL/OFFICER/OWNER/PARTNER)					CO-APPLICANT LEGAL NAME—AS IT APPEARS ON DRIVER'S LICENSE. (INDIVIDUAL/OFFICER/OWNER/PARTNER)				
IS ANY APPLICANT (I) THE CHIEF EXECUTIVE OFFICER OR PRESIDENT OF A FARM CREDIT BANK, OR (II) AN EMPLOYEE OR DIRECTOR OF THE FARM CREDIT ADMINISTRATION?*									
<input type="checkbox"/> Yes <input type="checkbox"/> No									
APPLICANT SOCIAL SECURITY No.* (TAXPAYER ID)			APPLICANT DATE OF BIRTH**			CO-APPLICANT SOCIAL SECURITY No. (TAXPAYER ID)		CO-APPLICANT DATE OF BIRTH**	
ADDRESS*					ADDRESS				
CITY*	STATE*	ZIP*	COUNTY*		CITY	STATE	ZIP	COUNTY	
HOME PHONE*		WORK PHONE		CELL PHONE		HOME PHONE		WORK PHONE	CELL PHONE
EMAIL ADDRESS*					EMAIL ADDRESS				
YEAR BEGAN FARMING*		U.S. CITIZEN:*		ANNUAL SALARY*		YEAR BEGAN FARMING		U.S. CITIZEN:	ANNUAL SALARY
		<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF BUSINESS APPLICANT— % OWNED		IF BUSINESS APPLICANT— TITLE/OFFICE HELD		OTHER INCOME		IF BUSINESS APPLICANT— % OWNED		IF BUSINESS APPLICANT—TITLE/ OFFICE HELD	OTHER INCOME
Agriculture Income (Most Recent Full Year)					Type of Farming Operation				
GROSS ANNUAL FARM INCOME*					PRIMARY FARM PRODUCTS* (EXAMPLE: CROP OR LIVESTOCK)				
Transaction Information:			<input type="checkbox"/> LOAN <input type="checkbox"/> LEASE*			Equipment Description			
AMOUNT REQUESTED*		TERM (YEARS)*		RATE QUOTED		YEAR / MAKE / MODEL / SERIAL NUMBER OR VIN			
PAYMENTS <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL			REPAYMENT SCHEDULE BEGINNING (MONTH)						
TRANSACTION DETAILS (SALE PRICE, TRADE DESCRIPTION, NET TRADE ALLOWANCE, PAYOFF AMOUNT, CASH DOWN PAYMENT, SALES TAX/TAGS)*									
DEALER FEE		SPECIAL PROGRAM APPLIES? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, WHAT PROGRAM?					
INSURANCE AGENT NAME					AGENT PHONE NUMBER				

NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED AT THE SOLE DISCRETION OF YOUR FARM CREDIT / AgCREDIT LENDER/LESSOR. ****MUST BE 18 YEARS OF AGE OR OLDER**

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

DISCLOSURE INFO ON BACK PANEL.