

Great Plains Acceptance Corporation

Agricultural Credit Application

(Exceeding \$50,000 may require additional information)

PO Box 226 • Salina, Kansas 67402-0226 • 1-800-472-0166

Submit form to gpaccredit@greatplainsmfg.com

Applicant's Name (Last Name, Suffix, First Name, Middle Name)			Birthdate	Social Security #	
Current Address		City	State	Zip Code	County
Home Phone ()		Cell Phone ()		Yrs ___ Mos ___ at Current Address	
Years in Farming	Full or Part	Purchaser is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Additional Co-Signer or Partners or Officers	Birthdate	Social Security #s

***** FINANCIAL INFORMATION *****

***** IF THIS SECTION IS NOT COMPLETED, GPAC CANNOT PROCESS CREDIT APPLICATION *****

ASSETS:	\$	LIABILITIES:	\$
NON FARMING INCOME:	\$	SOURCE:	
BANK:			
BANK CONTACT:			
CITY & STATE:			

For Dealer Use Only and Attach Completed Purchase Order		DETAILS OF SALE		For Dealer Use Only and Attach Completed Purchase Order			
Seller's Name and City:		Contact:					
		Email:					
Dlr #:		Telephone #:		Fax #:			
New Product (Give Size and Description)		Model #	Serial #	Details of Sale			
				Total Cash Price:	\$		
					\$		
					\$		
Trade In (Give Size and Description)		Model #	Serial #	Trade-In Allowance:	\$		
				Balance:	\$		
				Taxes and Fees:	\$		
				Cash Down Pmt:	\$		
				Balance Due:	\$		
Terms:	Annual	Semi-Annual	Quarterly	Std Rate	Low Rate	Interest Start Date	First Payment Due Date
(SELECT ONE)							

For purposes of obtaining credit, I (we) certify that all the information in this credit application is true and correct and accurately describes my (our) financial condition as of the date this credit application is signed, as indicated below. I (we) also grant permission to my (our) other creditors to provide all information requested by Great Plains Acceptance Corporation. I (we) release and waive all claims against Great Plains Acceptance Corporation and my (our) other creditors for all acts or omissions which occur in verifying the above information.

Signature of Applicant: _____

Signature of Co-Applicant: _____

CURRENT INDIVIDUAL IDENTIFICATION

A COPY OF BUYER'S
CURRENT DRIVERS
LICENSE

ID REQUIREMENT - SECTION 9103



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GREAT PLAINS INSURANCE DECLARATION/APPLICATION

Buyer Name: _____

Address: _____

City: _____ State: _____

Phone: _____ - _____ - _____ Zip: _____

Physical Damage Insurance Required:

Physical damage insurance coverage is required on equipment financed by Great Plains Acceptance Corporation (GPAC) for the life of the loan in an amount at least equal to the unpaid balance.

CUSTOMER MUST PROVIDE CERTIFICATE OF INSURANCE AT THE TIME OF SIGNING DOCUMENTS

EQUIPMENT	MODEL	SERIAL #
_____	_____	_____

I WILL INSURE THROUGH MY OWN INSURANCE AGENT

I authorize my insurance agent to provide GPAC with a certificate of coverage naming GPAC as the loss payee for the equipment being financed and will continue insurance in force through the life of the contract.

INSURANCE COMPANY: _____

Agent's Name: _____ Policy #: _____

Address: _____

City: _____ State/Zip: _____

NO LIABILITY OR CREDIT LIFE INSURANCE IS REQUIRED OR PROVIDED.

Buyer should discuss liability and life insurance with buyer's insurance agent.

(Buyer's Signature)

(Date)



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APPLICANT NAME & ADDRESS VERIFICATION/ CREDIT AUTHORIZATION

For the purposes of obtaining credit, I certify that all the information in this credit application is true and correct and accurately describes my financial condition as of the date this credit application was signed as indicated below. I also grant permission to my other creditors to provide all information requested by Great Plains Acceptance Corporation. I release and waive all claims against Great Plains Acceptance Corporation and my other creditors for all acts or omissions which occur in verifying the above information.

I also hereby authorize Great Plains Acceptance Corporation to file UCC financing statements related to the credit to be provided to me.

Applicant's Legal Name
(First Name, Middle Name, Last Name)

Applicant Signature

Applicant Address

City, State, Zipcode

Applicant Social Security #

Birth Date

E-mail Address

Date