

APPLICANT'S NAME (Last, First, Middle)			SOCIAL SEC. NO.	DATE OF BIRTH	HAVE YOU EVER USED AAC BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES	
MAILING ADDRESS			CITY	STATE	ZIP CODE	
PHYSICAL ADDRESS OF RESIDENCE (If Different Than Mailing Address)			COUNTY (REQUIRED)	E-MAIL ADDRESS		
HOME TELEPHONE NUMBER		MARITAL STATUS		YRS AT CURRENT ADDRESS		
WORK OR CELL TELEPHONE NUMBER		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated				
<b>G</b>	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	CITY	STATE	TELEPHONE NUMBER	RELATIONSHIP	
<b>E</b>	LEGAL NAME OF BUSINESS UNDER WHICH YOU OPERATE	TYPE OF BUSINESS <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> OTHER (Please specify) _____				
<b>N</b>	FED TAX ID#	ORGANIZATION ID#	STATE OF ORGANIZATION			
<b>IF BUSINESS TYPE IS PARTNERSHIP, LLC OR CORPORATION, PLEASE PROVIDE INFORMATION FOR ALL PARTNERS, OWNERS OR OFFICERS BELOW</b>						
<b>E</b>	OWNER/PARTNER/OFFICER	SOCIAL SEC NO.	RESIDENCE (CITY, STATE.)	DATE OF BIRTH	TELEPHONE	% OWNED
<b>R</b>						TITLE
<b>A</b>	BUSINESS ADDRESS (CHIEF EXECUTIVE OFFICE)		CITY	COUNTY	STATE	ZIP CODE
<b>L</b>	EQUIPMENT USE: FARM _____% CUSTOM WORK _____% FORESTRY _____% COMMERCIAL _____% INDUSTRIAL _____% RENTAL YARD _____% PERSONAL _____% OTHER _____% (Please describe)					
	YEARS IN BUSINESS	COUNTY & STATE IN WHICH EQUIPMENT WILL BE KEPT				
	OPERATING	PRIMARY LENDER NAME	CITY, STATE	YEARS	TELEPHONE	CONTACT NAME
	MACHINERY					
	BANK					
	EMPLOYER	CITY, STATE			YEARS	ANNUAL GROSS INCOME
	SOURCE OF OTHER INCOME		SOURCE OF OTHER INCOME			
	AMOUNT \$	FREQUENCY	AMOUNT \$	FREQUENCY		
<b>COMPLETE THE SECTION BELOW IF YOU HAVE INCOME FROM AGRICULTURE</b>						
<b>A</b>	DO YOU FARM?	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	# OF ACRES OWNED _____	# OF ACRES RENTED _____	
<b>G</b>		KIND OF CROP	NO. OF ACRES	INCOME DATE	ESTIMATED AMOUNT	AMOUNT
	SEASONAL				\$	\$
	INCOME				\$	\$
	IF LOAN IS > \$100,000 AND < \$250,000	TOTAL ASSETS \$	TOTAL LIABILITIES \$	STATEMENT AS OF (MM/DD/YY)		

**STOP HERE . . . AND SIGN BELOW IF**

**1) this application amount PLUS all existing debt payable to Agricredit is LESS THAN \$250,000**

Have I/we had any unsatisfied judgments rendered against me/us in the past 7 years, had equipment repossessed in the past 7 years, or been declared bankrupt in the past 10 years? (yes/no) \_\_\_\_\_ Please attach an explanation for any yes answer.

By signing below, Applicant: (1) affirms that the information provided in this application, including the reverse side if completed, is true and correct and given for the purpose of obtaining credit; (2) understands that if credit is extended, Agricredit Acceptance LLC, its agents, servicers, affiliates and assigns ("AAC Entities"), will rely on such information to secure the indebtedness; (3) authorizes references to provide all relevant information to the AAC Entities; (4) authorizes the AAC Entities to investigate and obtain reports concerning credit history; and (5) authorizes the AAC Entities to release to, and share and exchange with: (a) any other AAC Entities, (b) any manufacturer of any equipment covered by this application, and (c) any dealer who may sell or lease any of the equipment covered by this application or who may submit or originate this application, any information concerning Applicant or Applicant's credit experience with the AAC Entities and their decision whether or not to extend any credit. Applicant waives any right to confidentiality that may exist with respect to the release, exchange or sharing of such information. The AAC Entities are authorized to retain any information obtained as part of the application process whether or not the requested credit is granted.

_____	_____
Signature	Date
_____	_____
Signature (Partner/Co-signor/Guarantor)	Date

**Two years of Financial Statements (Balance Sheet and Income Statement) necessary if:**

- 1) this application amount PLUS all existing debt payable to Agricredit is \$250,000 or more, OR
- 2) upon request of Agricredit or any of its affiliates.

If the above requested information is not available, AAC would consider substituting two years history of the most recent Tax Returns, and the following financial information.

<b>F I N A N C I A L</b>	CASH		ACCOUNTS PAYABLE	
	RECEIVABLE		OPERATING LOANS	
	STOCKS, BONDS, CERTIFICATES OF DEPOSIT, ETC.		MACHINERY LOANS	
	MACHINES AND EQUIPMENT		AUTO & TRUCK LOANS	
	AUTOS AND TRUCKS		REAL ESTATE LOANS	
	LIVESTOCK		UNSECURED & CREDIT CARDS	
	CROPS FOR SALE: HARVESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		TAXES PAYABLE	
	BUILDINGS AND LAND NO. OF ACRES _____		MONEY OWED TO OTHERS	
	OTHER ASSETS		OTHER LIABILITIES	
	<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		CONTINGENT LIABILITIES/GUARANTIES		

If the requested credit is granted, applicant agrees to provide updated Financial Statements annual, thereafter.

**COMPLETE THE FOLLOWING SECTION IF EQUIPMENT WILL BE USED FOR CUSTOM, COMMERCIAL, FORESTRY, OR OTHER**

<b>C O M M E R C I A L</b>	WILL EQUIPMENT BE USED: FULL TIME _____ PART TIME _____%		SLACK MONTHS:			
	SPECIFIC LINE OF BUSINESS		PRIMARY CONTRACTOR _____	IF SUBCONTRACTOR, NAME ADDRESS OF PRIME CONTRACTOR		
			SUB CONTRACTOR _____			
	ESTIMATED MONTHLY GROSS \$ _____					
	IF FORESTRY, PLEASE LIST THE MILLS CURRENTLY BUYING YOUR LOGS OR SERVICES:					
	NAME		ADDRESS	CONTACT NAME	TELEPHONE NUMBER	VOLUME PER WEEK