



PO Box 2000
Johnston, Iowa 50131-0020

Fax Cover Sheet

DATE:

TIME:

TO: Sales Dev Group

PHONE: 1-800-873-2474

FAX: 1-866-490-0979

FROM:

PHONE:

FAX:

RE: APPLICATION FOR CREDIT

EQUIPMENT INTERESTED IN PURCHASING:

New Used *Yes, I am interested in Agricredit Insurance Coverage for this equipment*

Year _____

Make _____

Model Description _____

Serial Number _____

Sales Price \$ _____

Amount financed \$ _____

Monthly Payments Annual Payments

Installment Contract Lease

Number of pages including cover sheet: _____

Message:

CONFIDENTIALITY NOTICE: This fax cover sheet and the documents accompanying this fax transmission may contain confidential information belonging to the sender which is legally privileged. The information is intended only for the use of the individual or entity named above as recipient. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on or regarding the contents of this faxed information is strictly prohibited. If you have received this fax in error, please notify us immediately by telephone to arrange for return of the original documents to us.

APPLICANT'S NAME (Last, First, Middle)		US CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	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 <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		YRS AT CURRENT ADDRESS		
WORK OR CELL TELEPHONE NUMBER						
G	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	CITY	STATE	TELEPHONE NUMBER	RELATIONSHIP	
E	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) _____				
N	FED TAX ID#	ORGANIZATION ID#	STATE OF ORGANIZATION			
E	IF BUSINESS TYPE IS PARTNERSHIP, LLC OR CORPORATION, PLEASE PROVIDE INFORMATION FOR ALL PARTNERS, MANAGERS OR OFFICERS, EACH OF WHOM MUST SIGN AND DATE APPLICATION					
R	PARTNER/OFFICER/MANAGER	SOCIAL SEC NO.	RESIDENCE (CITY, STATE.)	DATE OF BIRTH	TELEPHONE	% OWNED
A						
L	LOCATION OF CHIEF EXECUTIVE OFFICE: CITY _____ STATE _____					
	EQUIPMENT USE: FARM _____% CUSTOM WORK _____% FORESTRY _____% CONSTRUCTION/COMMERCIAL _____% INDUSTRIAL _____% RENTAL YARD _____% PERSONAL/FAMILY/HOUSEHOLD _____% OTHER _____% (Please describe)					
	YEARS IN BUSINESS	COUNTY & STATE IN WHICH EQUIPMENT WILL BE KEPT				
	IF YOU INTEND TO APPLY FOR JOINT CREDIT, PLEASE INITIAL HERE. _____ Applicant _____ Co-Applicant					
	APPLICANT AND CO-APPLICANT/GUARANTOR PROVIDE INFORMATION BELOW AND SIGN AND DATE APPLICATION					
	PRIMARY LENDER NAME	CITY, STATE	YEAR	TELEPHONE	CONTACT	
	OPERATING					
	MACHINERY					
	BANK					
	EMPLOYER	CITY, STATE	YEARS	ANNUAL GROSS INCOME		
	OTHER INCOME (Alimony, Child Support, Or Maintenance Need Not Be Revealed If You Do Not Wish It To Be Considered In Determining Your Credit Worthiness)					
	SOURCE OF OTHER INCOME		SOURCE OF OTHER INCOME			
	AMOUNT \$	FREQUENCY	AMOUNT \$	FREQUENCY		
COMPLETE THE SECTION BELOW IF YOU HAVE INCOME FROM AGRICULTURE						
A	DO YOU FARM?	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	# OF ACRES OWNED _____	# OF ACRES RENTED _____	
G		KIND OF CROP/LIVESTOCK	NO. OF ACRES	INCOME DATE	ESTIMATED AMOUNT	OTHER INCOME
	SEASONAL				\$	\$
	INCOME				\$	\$
Are there any bankruptcies filed in the past 10 years or any outstanding liens or judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach an explanation for any yes answer.						
IF LOAN IS > \$100,000 AND < \$250,000		TOTAL ASSETS \$	TOTAL LIABILITIES \$	STATEMENT AS OF (MM/DD/YY)		
<p>By signing below, I, whether signing individually as an Applicant, Co-Applicant or guarantor or as officer, partner or manager of the Applicant or Co-Applicant and whether or not I am personally liable for any credit: (1) affirm that the information provided in this application is true and correct and given for the purpose of obtaining credit; (2) instruct and authorize Agricredit Acceptance LLC ("AAC") to check credit, contact references, and verify listed employment history and answer questions about AAC's credit experience with Applicant, Co-Applicant and me; (3) instruct and authorize AAC to obtain consumer reports on me, in AAC's sole discretion, as part of this application and while any credit granted as a result of this application remains unpaid; and (4) acknowledge that AAC may retain any information obtained as part of the application process whether or not the requested credit is granted. If this application is primarily for personal, family or household purposes, I acknowledge having received and read the additional disclosures included with this application. I consent to AAC sharing with others information concerning me and AAC's decision whether or not to extend credit, if any, in accordance with applicable law.</p>						
APPLICANT			CO-APPLICANT			
Signature (Individual)	Date	Signature (Individual)	Date	Signature (Individual)	Date	Date
Signature	Title/Capacity (Indicate Partner/Officer/Manager/Guarantor)	Date	Signature	Title/Capacity (Indicate Partner/Officer/Manager/Guarantor)	Date	Date

(Please go on to next page if this application amount PLUS all existing debt payable to Agricredit Acceptance LLC, its agents, servicers, affiliates and assigns is \$250,000 or more.)

ALSO IF

This application amount PLUS all existing debt payable to Agricredit Acceptance LLC, its agents, servicers, affiliates and assigns is **\$250,000** or more or upon request of AAC, then please provide the additional information requested and complete below as applicable.

- **TWO YEARS OF FINANCIAL STATEMENTS (BALANCE SHEET AND INCOME STATEMENT)**
- **ACCOUNTANT INFORMATION:**

COMPANY:	NAME:
ADDRESS:	PHONE:

I/We authorize AAC to contact my accountant and authorize my accountant to release any Financial Information.

Signature (Applicant)	Date	Signature (Applicant)	Date
Signature (Co-Applicant/Partner/ Officer/Manager/Guarantor)	Date	Signature (Co-Applicant/Partner/ Officer/Manager/Guarantor)	Date

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. If the requested credit is granted, Applicant/Co-Applicant agrees to provide updated financial statements and requested financial information annually thereafter.

COMPLETE THE FOLLOWING SECTION IF ACCOUNTANT INFORMATION IS NOT AVAILABLE

F I N A N C I A L	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	
	TOTAL ASSETS		TOTAL LIABILITIES	
		CONTINGENT LIABILITIES/GUARANTIES		

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

C O M M E R C I A L	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

ADDITIONAL DISCLOSURES

NOTICE TO CALIFORNIA RESIDENTS: If married, you may apply for a separate account.

NOTICE TO MAINE RESIDENTS: You have the right of free choice in selecting the agent and insurer through or by which the insurance you obtain in connection with the credit you are applying for is placed. Your right of free choice is subject only to our right to approve the insurer you select on a reasonably non-discriminatory basis related to the solvency and assessment policies of the insurer and its ability to service the policy.

NOTICE TO NEW YORK RESIDENTS: A consumer report may be requested in connection with this application. If you ask us, we will tell you whether or not a consumer report was requested, and, if it was, we will tell you the name and address of the consumer reporting agency that furnished the report.

NOTICE TO OHIO RESIDENTS: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

NOTICE TO MARRIED APPLICANTS RESIDING IN WISCONSIN: No provision of any marital property agreement, unilateral statement under section 766.59 *Wis. Stats.* or court decree under section 766.70 *Wis. Stats.* adversely affects the interests of the creditor unless the creditor prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision when the obligation to the creditor is incurred.