

APPLICANT'S NAME (Last, First, Middle)				SS#/SI#	DATE OF BIRTH	HAVE YOU EVER USED AAC BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES	
CURRENT PHYSICAL ADDRESS OF RESIDENCE (No PO Box)				CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
COUNTY	HOME TELEPHONE NUMBER		WORK OR CELL TELEPHONE NUMBER		MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		YRS AT CURRENT ADDRESS
E-MAIL ADDRESS							
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU			CITY	STATE	TELEPHONE NUMBER	RELATIONSHIP	
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) _____				
FED TAX ID#		ORGANIZATION ID#		STATE/PROVINCE OF ORGANIZATION			
IF BUSINESS TYPE IS PARTNERSHIP, LLC OR CORPORATION, PLEASE PROVIDE INFORMATION FOR ALL PARTNERS, OWNERS OR OFFICERS BELOW							
OWNER/PARTNER/OFFICER	SS#/SI#	RESIDENCE (CITY, STATE/PROV.)	DATE OF BIRTH	TELEPHONE	% OWNED	TITLE	
BUSINESS ADDRESS (CHIEF EXECUTIVE OFFICE)		CITY	COUNTY	STATE/PROV.	ZIP/POSTAL CODE		
EQUIPMENT USE: FARM _____% CUSTOM WORK _____% FORESTRY _____% COMMERCIAL _____% INDUSTRIAL _____% RENTAL YARD _____% PERSONAL _____% OTHER _____% (Please describe) _____							
YEARS IN BUSINESS		COUNTY & STATE/PROVINCE IN WHICH EQUIPMENT WILL BE KEPT					
	PRIMARY LENDER NAME	CITY, STATE/PROVINCE	YEARS	TELEPHONE	CONTACT NAME		
OPERATING							
MACHINERY							
BANK							
EMPLOYER		CITY, STATE/PROVINCE			YEARS	ANNUAL GROSS INCOME	
SOURCE OF OTHER INCOME		SOURCE OF OTHER INCOME					
AMOUNT \$	FREQUENCY	AMOUNT \$	FREQUENCY				
COMPLETE THE SECTION BELOW IF YOU HAVE INCOME FROM AGRICULTURE							
DO YOU FARM? FULL TIME _____ PART TIME _____ # OF ACRES OWNED _____ # OF ACRES RENTED _____							
	KIND OF CROP	NO. OF ACRES	INCOME DATE	ESTIMATED AMOUNT	OTHER INCOME	AMOUNT	
SEASONAL				\$		\$	
INCOME				\$		\$	
IF LOAN IS > \$25,000 AND < \$50,000	TOTAL ASSETS \$	TOTAL LIABILITIES \$	STATEMENT AS OF (MM/DD/YY)				

STOP HERE . . . AND SIGN BELOW IF

- 1) this equipment is for **FARM** or **CONSUMER** Use, AND
- 2) this application amount **PLUS** all existing debt payable to Agricredit is **LESS THAN \$50,000**

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