

GENERAL	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		PARTNER STATUS		YRS AT CURRENT ADDRESS	
	WORK OR CELL TELEPHONE NUMBER		Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/>		Registered Domestic Partnership <input type="checkbox"/>			
	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		CITY		STATE	TELEPHONE NUMBER		RELATIONSHIP
	COUNTY AND STATE IN WHICH EQUIPMENT WILL BE KEPT:							
	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) _____							
EQUIPMENT USE: FARM ___% CUSTOM WORK ___% FORESTRY ___% CONSTRUCTION/COMMERCIAL ___% INDUSTRIAL ___% RENTAL YARD ___% PERSONAL/FAMILY/HOUSEHOLD ___% OTHER ___% (Please describe) _____								

BUSINESS / CO-APPLICANT	LEGAL NAME UNDER WHICH YOU OPERATE IF PARTNERSHIP, LLC OR CORPORATIONS:					YEARS IN BUSINESS:			
	FED TAX ID #			ORGANIZATION ID		STATE OF ORGANIZATION:			
	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 OR CO-APPLICANT INFORMATION								
	PARTNER/OFFICER/MANAGER		SOCIAL SEC NC	ADDRESS		DATE OF BIRTH	TELEPHONE	% OWNED	TITLE
LOCATION OF CHIEF EXECUTIVE OFFICE: CITY: _____ STATE: _____									
IF YOU INTEND TO APPLY FOR JOINT CREDIT, APPLICANT AND CO-APPLICANT PLEASE INITIAL HERE.									
Applicant _____ Co-Applicant _____									
APPLICANT AND CO-APPLICANT/GUARANTOR PROVIDE INFORMATION BELOW AND SIGN AND DATE APPLICATION									

INCOME - BANK INFO	PRIMARY LENDER NAME		CITY, STATE		YEAR	TELEPHONE	CONTACT	
	OPERATING							
	MACHINERY							
	BANK							
	EMPLOYER:			CITY, STATE:			YEARS:	
ANNUAL GROSS INCOME: \$		OCCUPATION/POSITION:		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:				
				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 _____		YEARS IN FARMING: _____	
	KIND OF CROP/LIVESTOCK		NO OF ACRES	INCOME DATE	ESTIMATED AMOUNT	KIND OF CROP/LIVESTOCK	NO OF ACRES	INCOME DATE
G				\$				\$

Are there any bankruptcies filed in the past 10 years or any outstanding liens or judgments? Yes 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)
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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 Agrifac Credit 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; and authorize and instruct my references and current and former employers to release such information to AAC; (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 (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 on Page 3 of this application; (5) authorize AAC to prepare and file against Applicant, Co-Applicant and/or me, a financing statement in form and substance acceptable to AAC sufficient to perfect a security interest in collateral arising in connection with financing applied for herein. 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.

APPLICANT				CO-APPLICANT			
Signature (Individual)		Date		Signature (Individual)		Date	
Signature		Title/Capacity		Signature		Title/Capacity	
(Indicate Partner/Officer/Manager/Guarantor)		Date		(Indicate Partner/Officer/Manager/Guarantor)		Date	

(Please fill out below 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 NO		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.

NOTICE TO ALL CUSTOMERS: USA PATRIOT Act – Customer Identification Program – Enacted to help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify and record information that identifies each person who applies for a loan. When you apply for a loan we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.