

Credit Application * Required



DEALERSHIP NAME*			STORE LOCATION*			SALESPERSON*				
APPLICANT TYPE:* <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> LIMITED PARTNERSHIP STATE OF ORGANIZATION* _____										
Business Applicant Information—Please complete section in its entirety if applicant is a legal entity										
LEGAL NAME OF BUSINESS			TAX ID NUMBER		BUSINESS PHONE		BUSINESS FAX		YEARS IN BUSINESS *	
BUSINESS ADDRESS (PRINCIPAL OFFICE/HEADQUARTERS)					CITY		STATE	ZIP	COUNTY	
Individual Applicant Information OR If Business Applicant, Please Provide Information for Officers, Owners, or Partners (As Guarantors)										
APPLICANT LEGAL NAME—AS IT APPEARS ON DRIVER'S LICENSE.* (INDIVIDUAL/OFFICER/OWNER/PARTNER)					CO-APPLICANT LEGAL NAME—AS IT APPEARS ON DRIVER'S LICENSE. (INDIVIDUAL/OFFICER/OWNER/PARTNER)					
IS ANY APPLICANT (I) THE CHIEF EXECUTIVE OFFICER OR PRESIDENT OF A FARM CREDIT BANK, OR (II) AN EMPLOYEE OR DIRECTOR OF THE FARM CREDIT ADMINISTRATION?*										
<input type="checkbox"/> Yes <input type="checkbox"/> No										
APPLICANT SOCIAL SECURITY No.* (TAXPAYER ID)			APPLICANT DATE OF BIRTH* **			CO-APPLICANT SOCIAL SECURITY No. (TAXPAYER ID)		CO-APPLICANT DATE OF BIRTH**		
ADDRESS*					ADDRESS					
CITY*		STATE*	ZIP*	COUNTY*		CITY		STATE	ZIP	COUNTY
HOME PHONE*		WORK PHONE		CELL PHONE		HOME PHONE		WORK PHONE		CELL PHONE
EMAIL ADDRESS*					EMAIL ADDRESS					
YEAR BEGAN FARMING*		U.S. CITIZEN:*		ANNUAL SALARY*		YEAR BEGAN FARMING		U.S. CITIZEN:		ANNUAL SALARY
		<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No		
IF BUSINESS APPLICANT— % OWNED		IF BUSINESS APPLICANT— TITLE/OFFICE HELD		OTHER INCOME		IF BUSINESS APPLICANT— % OWNED		IF BUSINESS APPLICANT—TITLE/ OFFICE HELD		OTHER INCOME
Agriculture Income (Most Recent Full Year)					Type of Farming Operation					
GROSS ANNUAL FARM INCOME*					PRIMARY FARM PRODUCTS* (EXAMPLE: CROP OR LIVESTOCK)					
Transaction Information					Equipment Description					
AMOUNT REQUESTED*		TERM (YEARS)*		LOAN RATE QUOTED		YEAR / MAKE / MODEL / SERIAL NUMBER OR VIN				
PAYMENTS <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL (ALL DUE ON 1ST OF THE MONTH)			REPAYMENT SCHEDULE BEGINNING (MONTH)							
TRANSACTION DETAILS (SALE PRICE, TRADE DESCRIPTION, NET TRADE ALLOWANCE, PAYOFF AMOUNT, CASH DOWN PAYMENT, SALES TAX/TAGS)*										
DEALER FEE		SPECIAL PROGRAM APPLIES? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, WHAT PROGRAM?						
INSURANCE AGENT NAME					AGENT PHONE NUMBER					

NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED AT THE SOLE DISCRETION OF YOUR FARM CREDIT / AGCREDIT LENDER.

****MUST BE 18 YEARS OF AGE OR OLDER**