

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 WORK OR CELL TELEPHONE NUMBER		MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		YRS AT CURRENT 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"/> GENERAL PARTNERSHIP <input type="checkbox"/> OTHER (Please specify) _____					
FED TAX ID#	ORGANIZATION ID#	STATE OF ORGANIZATION					
IF BUSINESS TYPE IS PARTNERSHIP, LLC OR CORPORATION, PLEASE PROVIDE INFORMATION FOR ALL PARTNERS, OWNERS OR OFFICERS BELOW							
OWNER/PARTNER/OFFICER	SOCIAL SEC NO	RESIDENCE (CITY,STATE)	DATE OF BIRTH	TELEPHONE	%OWNED	TITLE	
BUSINESS ADDRESS (CHIEF EXECUTIVE OFFICE)		CITY	COUNTY	STATE	ZIP CODE		
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					
	PRIMARY LENDER NAME	CITY, STATE	YEARS	TELEPHONE	CONTACT NAME		
OPERATING							
MACHINERY							
BANK							
EMPLOYER		CITY, STATE	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 <input type="checkbox"/> PART TIME <input type="checkbox"/> # OF ACRES OWNED _____ # OF ACRES RENTED _____							
A G	KIND OF CROP		NO. OF ACRES	INCOME DATE	ESTIMATED AMOUNT	OTHER INCOME	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 in this application or who may submit or originate this application, any information concerning Applicant or Applicant's credit experience with 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 Date