

GENERAL	APPLICANT'S NAME (Last, First, Middle)		US CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>		SOCIAL SEC. NO.		DATE OF BIRTH (DD/MM/YYYY) / /		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) _____															
BUSINESS / CO-APPLICANT	EQUIPMENT USE: FARM ___% CUSTOM WORK ___% FORESTRY ___% CONSTRUCTION/COMMERCIAL ___% INDUSTRIAL ___% RENTAL YARD ___% PERSONAL/FAMILY/HOUSEHOLD ___% OTHER ___% (Please describe) _____															
	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 NO.		ADDRESS		DATE OF BIRTH		TELEPHONE		% OWNED		TITLE			
INCOME - BANK	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															
	PRIMARY LENDER NAME		CITY, STATE		YEAR		TELEPHONE		CONTACT							
	OPERATING															
	MACHINERY															
	BANK															
INCOME - AGRICULTURE	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		ESTIMATED AMOUNT	
	G						\$								\$	
	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 Agriscrit 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.</p>																
APPLICANT								CO-APPLICANT								
Signature (Individual) _____ Date _____								Signature (Individual) _____ Date _____								
Signature _____ Title/Capacity _____ Date _____ (Indicate Partner/Officer/Manager/Guarantor)								Signature _____ Title/Capacity _____ Date _____ (Indicate Partner/Officer/Manager/Guarantor)								

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