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|---|--|---|--|--|--|--|------------------------|-------|
| GENERAL | APPLICANT'S NAME (Last, First, Middle) | | US CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/> | SOCIAL SEC. NO. | DATE OF BIRTH (MM/DD/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) _____ | | | | | | | |
| | 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 NO. | 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 | 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 Agricredit 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 (Indicate Partner/Officer/Manager/Guarantor) | | Date | | Signature | | |
| | | | | | | Title/Capacity (Indicate Partner/Officer/Manager/Guarantor) | | |
| | | | | | | Date | | |

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