

AGRICREDIT ACCEPTANCE LLC FAX COVERSHEET
FAX 1-866-490-0979

Date: _____

Number of Pages: _____

From: _____

Contact: _____
Telephone # : _____
Fax # : _____

Attention: _____
Customer Name: _____

Equipment Being Financed:

N/U	Year	Make	Model	Description	Serial #	Sales Price	Cost if New
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Options: FWA _____ Duals _____ Weights _____ RWA (Combines) _____ Hours _____

IS THIS A REFINANCE OF EXISTING DEBT? YES NO (ANSWER REQUIRED)

Trade-In:	Year	Make	Model	Description	Serial #	Trade Allowance	Pay off	Lien Holder
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Contract Type: Retail Lease – Amount of Residual: _____ %
Term (Mo.): _____ Rate: _____% Indicate: Fixed ; Variable ; Equity Advantage
If Manufacturer program rate, describe: _____

Cash Down Payment: \$ _____

Sales Tax: _____ %

Filing Fees: \$ _____

Admin Fees: \$ _____

Customer wishes insurance coverage through AAC? Yes No

Payment Schedule: (Check one or include schedule)
Monthly Quarterly Semi-Annual Annual Other _____
(Description)

First Payment Due Date: _____

Additional Information:

- Copy of Manufacturer's Invoice
- Customer's signature(s) on application for credit (Authorization for release of credit information)
- If total owing to Agricredit > \$250,000 or total customer debt > \$750,000, two year history of Financial Statements (Balance Sheet and Income Statement)

GENERAL	APPLICANT'S NAME (Last, First, Middle)		US CITIZEN YES <input type="checkbox"/>	SOCIAL SEC. NO.	DATE OF BIRTH (MM/DD/YYYY)	HAVE YOU EVER USED AAC BEFORE?		
			NO <input type="checkbox"/>		/ /	<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? 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 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</p> <p>Signature (Individual) _____ Date _____</p> <p>Signature _____ Title/Capacity _____ Date _____ (Indicate Partner/Officer/Manager/Guarantor)</p>	<p>CO-APPLICANT</p> <p>Signature (Individual) _____ Date _____</p> <p>Signature _____ Title/Capacity _____ Date _____ (Indicate Partner/Officer/Manager/Guarantor)</p>
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(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.)

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	CASH		ACCOUNTS PAYABLE		
	I	RECEIVABLE		OPERATING LOANS	
		N	STOCKS, BONDS, CERTIFICATES OF DEPOSIT, ETC.		MACHINERY LOANS
	A		MACHINES AND EQUIPMENT		AUTO & TRUCK LOANS
		N	AUTOS AND TRUCKS		REAL ESTATE LOANS
	C		LIVESTOCK		UNSECURED & CREDIT CARDS
		I	CROPS FOR SALE: HARVESTED YES NO		TAXES PAYABLE
	A		BUILDINGS AND LAND NO. OF ACRES		MONEY OWED TO OTHERS
		L	OTHER ASSETS		OTHER LIABILITIES
			TOTAL ASSETS		TOTAL LIABILITIES
A			CONTINGENT LIABILITIES/GUARANTIES		

COMPLETE THE FOLLOWING SECTION IF EQUIPMENT WILL BE USED FOR CUSTOM, COMMERCIAL, FORESTRY, OR OTHER

C	WILL EQUIPMENT BE USED:	FULL TIME	PART TIME ___%	SLACK MONTHS:		
	O	SPECIFIC LINE OF BUSINESS	PRIMARY CONTRACTOR	IF SUBCONTRACTOR, NAME ADDRESS OF PRIME CONTRACTOR		
			SUB CONTRACTOR			
	M	ESTIMATED MONTHLY GROSS	\$			
	E	IF FORESTRY, PLEASE LIST THE MILLS CURRENTLY BUYING YOUR LOGS OR SERVICES:				
R		NAME	ADDRESS	CONTACT NAME	TELEPHONE NUMBER	VOLUME PER WEEK
C						
I						
A						
L						

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.