

KIOTI FINANCE CREDIT APPLICATION

APPLICANT'S NAME (First,Last,Middle)		SOCIAL SEC. NO.		DATE OF BIRTH		HAVE YOU EVER USED AAC BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>									
MAILING ADDRESS		CITY			STATE		ZIP CODE								
PHYSICAL ADDRESS OF RESIDENCE (if different then mailing address)				COUNTY (REQUIRED)			E-MAIL ADDRESS								
HOME TELEPHONE NUMBER		MARITAL STATUS ___MARRIED ___UNMARRIED ___SEPARATED				YRS AT CURRENT ADDRESS									
WORK OR CELL NUMBER															
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		CITY		STATE		PHONE 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"/> Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Other (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 AMOUNT \$				FREQUENCY				SOURCE OF OTHER INCOME AMOUNT \$				FREQUENCY			
COMPLETE THE SECTION BELOW IF YOU HAVE INCOME FROM AGRICULTURE															
DO YOU FARM? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME # OF ACRES OWNED _____ # OF ACRES RENTED _____															
		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 by this application or who may submit or originate this application, any information concerning Applicant or Applicant's credit experience with the 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 as part of the application process whether or not the requested credit is granted.

Signature

Signature (Partner/Co-Signor/Guarantor)

Date

Date

Necessary if:

WILL EQUIPMENT BE USED: FULL TIME _____ PART TIME _____ %		SLACK MONTHS: _____		
SPECIFIC LINE OF BUSINESS _____		PRIMARY CONTACTOR _____ SUB CONTRACTOR _____	IF SUBCONTRACTOR, NAME ADDRESS OF PRIME CONTRACTOR _____	
ESTIMATED MONTHLY GROSS \$ _____				
IF FORESTRY, PLEASE LIST THE MILLS CURRENTLY BUYING YOUR LOGS OR SERVICES:				
NAME	ADDRESS	CONTACT NAME	PHONE NUMBER	VOLUME PER WEEK