

APPLICANT'S NAME (Last, First, Middle)				SS#/SI#	DATE OF BIRTH	HAVE YOU EVER USED AAC BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES	
MAILING ADDRESS				CITY	STATE/PROVINCE	ZIP/POSTAL 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		YRSAT CURRENT ADDRESS		
<b>G</b>	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		CITY	STATE	TELEPHONE NUMBER	RELATIONSHIP	
<b>E</b>	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"/> INDIVIDUAL <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> OTHER (Please specify) _____				
<b>N</b>	FED TAX ID#		ORGANIZATION ID#		STATE/PROVINCE OF ORGANIZATION		
<b>IF BUSINESS TYPE IS PARTNERSHIP, LLC OR CORPORATION, PLEASE PROVIDE INFORMATION FOR ALL PARTNERS, OWNERS OR OFFICERS BELOW</b>							
<b>E</b>	OWNER/PARTNER/OFFICER	SS#/SI#	RESIDENCE (CITY, STATE/PROV.)	DATE OF BIRTH	TELEPHONE	% OWNED	TITLE
<b>R</b>							
<b>A</b>	BUSINESS ADDRESS (CHIEF EXECUTIVE OFFICE)		CITY	COUNTY	STATE/PROV.	ZIP/POSTAL CODE	
<b>L</b>	EQUIPMENT USE: FARM <u>100</u> %% CUSTOM WORK ____% FORESTRY ____% COMMERCIAL ____% INDUSTRIAL ____% RENTAL YARD ____% PERSONAL ____% OTHER ____% (Please describe)						
YEARS IN BUSINESS		□□□□□	COUNTY & STATE/PROVINCE IN WHICH EQUIPMENT WILL BE KEPT □□□□□				
	PRIMARY LENDER NAME		CITY, STATE/PROVINCE	YEARS	TELEPHONE	CONTACT NAME	
	OPERATING						
	MACHINERY						
	BANK						
	EMPLOYER			CITY, STATE/PROVINCE		YEARS	ANNUAL GROSS INCOME
SOURCE OF OTHER INCOME				SOURCE OF OTHER INCOME			
AMOUNT \$		FREQUENCY		AMOUNT \$		FREQUENCY	
<b>COMPLETE THE SECTION BELOW IF YOU HAVE INCOME FROM AGRICULTURE</b>							
<b>A</b>	DO YOU FARM? FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> # OF ACRES OWNED ____ # OF ACRES RENTED ____						
<b>G</b>	KIND OF CROP		NO. OF ACRES	INCOME DATE	ESTIMATED AMOUNT	OTHER INCOME	AMOUNT
	SEASONAL				\$		\$
	INCOME				\$		\$
<b>IF LOAN IS &gt; \$100,000 AND &lt; \$250,000</b>		<b>TOTAL ASSETS \$</b>		<b>TOTAL LIABILITIES \$</b>		<b>STATEMENT AS OF (MM/DD/YY)</b>	

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, the AGCO Finance Entities will rely on such information to secure the indebtedness; (3) authorizes references to provide all relevant information to the AGCO Finance Entities; (4) authorizes the AGCO Finance Entities to investigate and obtain reports concerning credit history; and (5) consents to and accepts this as written notice of the AGCO Finance Entities obtaining, collecting, using, disclosing, investigating, retaining or exchanging Personal Information about Applicant and information concerning Applicant's credit experience with AGCO Finance Entities and their decision whether or not to extend any credit from, to or with any other person in connection with any arrangement Applicant has with or through the AGCO Finance Entities or Applicant may wish to establish with any AGCO Finance Entities in accordance with the Privacy Practices Notice that accompanies this Application. Applicant acknowledges receipt of such Privacy Practices Notice and waives any right to confidentiality that may exist with respect to the release, exchange, retention or sharing of Personal Information about Applicant and Applicant agrees that the AGCO Finance Entities are authorized to retain and use any information obtained as part of the application process whether or not the requested credit is granted. All capitalized terms used in this Application shall have the meanings attributed to them in the Privacy Practices Notice that accompanies this Application.

**If this application amount PLUS all existing debt payable to AGCO Finance Entities is \$250,000 or more upon request of AGCO Finance Canada, then please provide the additional information requested on the next page.**

_____ Signature	_____ Date
_____ Signature (Partner/Co-signor/Guarantor)	_____ Date

## Two years of Financial Statements (Balance Sheet and Income Statement) necessary if:

- 1) this application amount PLUS all existing debt payable to AGCO Finance Entities is \$250,000 or more, OR
- 2) upon request of AGCO Finance Canada.

If the above requested information is not available, AGCO Finance Canada would consider substituting two years history of the most recent Tax Returns, and the following financial information.

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

If the requested credit is granted, applicant agrees to provide updated Financial Statements annually, thereafter.

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

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

