

APPLICANT'S NAME (Last, First, Middle)				SS#/SI#	DATE OF BIRTH	HAVE YOU EVER USED AFC BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES	
MAILING ADDRESS				CITY		STATE/PROVINCE	ZIP/POSTAL CODE
PHYSICAL ADDRESS OF RESIDENT (If Different Than Mailing Address)				COUNTY (REQUIRED)		E-MAIL ADDRESS	
HOME TELEPHONE NUMBER			MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/>		YRS AT CURRENT		
WORK OR CELL TELEPHONE NUMBER							
G	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		CITY		STATE	TELEPHONE NUMBER	RELATIONSHIP
E	LEGAL NAME OF BUSINESS UNDER WHICH YOU		TYPE OF BUSINESS <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> OTHER (Please specify)				
N	FFD TAX ID#	ORGANIZATION ID#		STATE/PROVINCE OF ORGANIZATION			
	IF BUSINESS TYPE IS PARTNERSHIP, LLC OR CORPORATION, PLEASE PROVIDE INFORMATION FOR ALL PARTNERS, OWNERS OR OFFICERS BELOW						
E	OWNER/PARTNER/OFFICE	SS#/SI#	RESIDENCE (CITY,	DATE OF	TELEPHONE	% OWNED	TITLE
R	BUSINESS ADDRESS (CHIEF EXECUTIVE OFFICE)		CITY		COUNTY	STATE/PROV.	ZIP/POSTAL CODE
L	EQUIPMENT USE: FARM _____% 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	
COMPLETE THE SECTION BELOW IF YOU HAVE INCOME FROM AGRICULTURE							
A	DO YOU FARM? FULL TIME _____ PART TIME _____ # OF ACRES OWNED _____ # OF ACRES RENTED _____						
		KIND OF CROP	NO. OF ACRES	INCOME DATE	ESTIMATED AMOUNT	OTHER INCOME	AMOUNT
G	SEASONAL				\$		\$
	INCOME				\$		\$
IF LOAN IS > \$100,000 AND < \$250,000	TOTAL ASSETS \$		TOTAL LIABILITIES \$			STATEMENT AS OF (MM, DD, YY)	

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, AGCO Finance LLC, its agents, servicers, affiliates and assigns ("AFC Entities"), including, without limitation, its current servicer, Agrifinance Acceptance LLC, will rely on such information to secure the indebtedness; (3) authorizes references to provide all relevant information to the AFC Entities; (4) authorizes the AFC Entities to investigate and obtain reports concerning credit history; and (5) authorizes the AFC Entities to release to, and share and exchange with: (a) any other AFC 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 AFC 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 AFC Entities are authorized to retain any information obtained as part of the application process whether or not the requested credit is granted.

Signature _____

Date _____

Signature (Partner/Co-Signer/Guarantor) _____

Date _____