

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)	

STOP HERE . . . AND SIGN BELOW IF

1. this application amount PLUS all existing debt payable to AGCO Finance 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, AGCO Finance LLC, its agents, servicers, affiliates and assigns ("AFC Entities"), including, without limitation, its current servicer, Agrifin Credit 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-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 is **\$250,000** or more, OR
- 2) upon request of AGCO Finance or any of its affiliates.

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

F I N A N C I A L	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	
	TOTAL ASSETS		TOTAL LIABILITIES	
		CONTINGENT LIABILITIES/GUARANTIES		

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

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

C O M M E R C I A L	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