EXACTLY AS
DRIVERS LICENSE

BUSINESS SAMPLE

AGCO FINANCE
APPLICATION FOR CREDIT

																and the same			
	APPLICANT'S N			RICHAR		US CITIZEN YES			SOCIAL SEC. NO.				DATE OF BIRTH (DD/MM/YYYY)			HAVE YOU EVER USED AFG BEFORE?			
GENERAL	FARM	NO 🗆			XXX-XX-XXXX					31	1901	NO YES TATE ZIP CODE							
	8737 DEAD END ROAD							TIGHTWAD						Mo 99999					
O	PHYSICAL ADDRESS OF RESIDENCE (If Different Than Mailing Address)							COUNTY (REQUIRED)					E-I	E-MAIL ADDRESS					
	26 to 16 to							MARITAL STATUS						1 poortarmer @ gmail.com					
		HOME TELEPHONE NUMBER XXX-XXX-XXXX NORK OR CELL TELEPHONE NUMBER XXX-XXX-XXXX										parated	+	PARTNER STATUS Registered Domestic Partnership □					
	COUNTY AND STATE IN WHICH EQUIPMENT WILL BE KEPT:																		
	TYPE OF BUSIN	PE OF BUSINESS: LIMITED PARTNERSHIP LIMITEDLIABLITYCOMPANY(LLC) CORPORATION LINDIVIDUAL GENERAL PARTNERSHIP OTHER (Please specify)																	
	EQUIPMENT US RENTAL YARD	EQUIPMENT USE: FARM 100% CUSTOM WORK% FORESTRY% CONSTRUCTION/COMMERCIAL% INDUSTRIAL% RENTAL YARD% PERSONAL/FAMILY/HOUSEHOLD% OTHER% (Please describe)																	
AG	DO YOU FARM? FULL TIME			PART TIME	#OFAC	#OFACRESOWNED: 79			2 #OF ACRES RENTED: 3767					YEARS IN FARMING: 98					
	CEACONIAL	KIND OF CROP/ LIVESTOCK		NO. OF ACRES	INCOME	INCOME DATE			ESTIMATED AMOUNT				OTHER INCOME			AMOUNT			
	SEASONAL INCOME	Corn		3000	11	11 15 20		1	\$ 1,0	300,000			AIF		\$ 6000		X		
		Wheat		3100	٦	7/1/210		s 6,		000,000			Ho	rsts	\$		6		
	LEGAL NAME UNDER WHICH YOU OPERATE IF PARTNERSHIP, LLC OR CORPORATION									RF	ARY	n Inc	YEARS	EARS IN BUSINESS:			99		
BUSINESS	FED TAX ID#	XX ~ 7	XXX	x xx		OF	RGANIZA	TION IE	X		XXX		ST	ATE OF OR	GANIZATION	1:	mo		
	IF BUSINESS TY	PE IS PARTN	ERSHIP	, LLC OR CORPO	RATION, P	LEASE PRO	OVIDE IN	FORMA	Contract Contract				GERS OF	R OFFICER	S, EACH OF	WHOM	MUST S	IGN AND	
	DATE APPLICATION OR CO-APPLICANT INFORMATIO PARTNER/OFFICER/MANAGER SOCIAL SEC NO. OR CO-APPLICANT				ADDRESS			DATE OF BIRTH			TELEPHONE			% OWNED		т	TITLE		
8	0 - 5			xx-xxx	TIGHTWAD, N			10 11/31/01			xx-xxx-xxx			1% VP		>			
					((0)(000))				71-100								Boss		
IE – BANK NFO	MaMa Farmer XXX-XX-XXXX PRIMARY LENDER NAME				Richland, N			NO	10 7/3/99 YEAR			TELEPHONE			CONTACT				
	OPERATING	D 7	Bar	1.	Mo		and	M	0	7	1				Slin	w P	icki	1005	
	MACHINERY PIG			h Moneyland			yiq,	1.00			XXX-XXX-XXXX			O I I I I I I I I I I I I I I I I I I I			9		
		CITY, STAT			<u> </u>			L	YEARS:										
INCOME INF	EMPLOYER: ANNUAL GROS								Maintena	Maintenance Need Not Be Revealed if You Do Not Wish it To									
ĭ	INCOME:			_				Be Considered In Determining Your Credit Worthiness), Source of other income:											
NOTI	L S CE TO CALIF	ORNIA RE	ESIDE	NTS: If married,	vou may a	apply for a s		accour		ICE T	O MA	NE RES	IDENT			of free o	choice in	selecting the	
agent a	and insurer throug	gh or by which	the ins	urance you obtair	n in connec	tion with th	e credit y	ou are	applying	for is p	laced. Y	our right of	f free cho	ice is subje	ect only to ou	r right	to appro	ve the insurer	
you se	elect on a reason	nably non-dis	criminat may be r	ory basis related requested in conn	to the so	lvency and this applica	assess	ment p	oolicies o	of the i	nsurer a	and its abi ecorpota	lity to se	ervice the p	oolicy. NO I as requested	and if	TO NE	Me will tell you	
the nar	me and address o	of the consume	er report	ting agency that fu	ımished the	report. NO	DTICE	TOO	HIO RE	SIDE	NTS:	The Ohio la	ws agair	nst discrimir	nation require	that al	ll creditor	s make credit	
equally	available to all c	redit worthy a	ustomer	rs, and that credit	reporting a	agencies m	aintain s	eparate	e credit h	istories	on ead	n individual	upon re	quest. The	Ohio civil rig	ints co	mmissio	n administers	
				ARRIED APP tion 766.70 Wis. S															
agreen	nent, statement o	r decree, or h	as actua	al knowledge of th	ne adverse	provision v	when the	obligat	ion to the	e credito	or is inc	urred. NO '	TICE T	O ALL C	CUSTOME	RS:	USA PA	TRIOT Act -	
				o help the govern who applies for a															
				nse or other ident								-,,						,	
				ally as an Applicar ovided in this appl															
and rel	lated parties ("AF	C") to check o	redit, co	ontact references,	and verify	listed empl	oyment h	history a	and ansv	ver que	stions a	bout AFC's	s credit e	xperience v	vith Applican	t, Co-A	Applicant	and me; and	
				ent and former em granted as a resu															
whethe	er or not the reque	ested credit is	granted	; and (5) authorize	e AFC to p	repare and	file agair	nst App	licant, Co	-Applic	ant and	or me, a fi	nancing s	statement i	n form and s	ubstan	ce accep	otable to AFC	
sufficie read th	nt to perfect a sec ne additional disck	curity interest ir osures include	n collate ed on thi	ral arising in conn s application. I co	ection with nsent to AF	financing a C sharing	ipplied to with othe	r hereir ers infor	n. If this a mation o	ipplicati oncemi	on is prii ng me a	nanly for p and AFC's (ersonal, t decision v	amily or no whether or	usenoia pur; not to extend	ooses, daredit	, if any, i	n accordance	
with ap	plicable law.	h 1	~	1		,											,		
APP	LICANT	3.6	9	رمد ا	7/1	/15	4		CO-A	Mo	MA	Faur	44			7/	116	5	
Signa	ture (Indi	vidual)		0	- / '	Dat	e		Signa	ature	(Ir	ndividual)				-71		Date	
,	(Vi				4					,	DAT	Boss					
Signat	ture		Title/Ca	apacity		Date	•		Signa	ture			Titl	e/Capacity	/			Date	