

GENERAL	APPLICANT'S NAME (Last, First, Middle)		US CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	SOCIAL SEC. NO.	DATE OF BIRTH (MM/DD/YYYY) / /	HAVE YOU EVER USED AAC BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES		
	MAILING ADDRESS			CITY		STATE	ZIP CODE	
	PHYSICAL ADDRESS OF RESIDENCE (If Different Than Mailing Address)			COUNTY (REQUIRED)		E-MAIL ADDRESS		
	HOME TELEPHONE NUMBER		MARITAL STATUS		PARTNER STATUS		YRS AT CURRENT ADDRESS	
	WORK OR CELL TELEPHONE NUMBER		Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/>		Registered Domestic Partnership <input type="checkbox"/>			
	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		CITY	STATE	TELEPHONE NUMBER		RELATIONSHIP	
	COUNTY AND STATE IN WHICH EQUIPMENT WILL BE KEPT:							
	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) _____							
	EQUIPMENT USE: FARM ___% CUSTOM WORK ___% FORESTRY ___% CONSTRUCTION/COMMERCIAL ___% INDUSTRIAL ___% RENTAL YARD ___% PERSONAL/FAMILY/HOUSEHOLD ___% OTHER ___% (Please describe) _____							
	BUSINESS / CO-APPLICANT	LEGAL NAME UNDER WHICH YOU OPERATE IF PARTNERSHIP, LLC OR CORPORATIONS:					YEARS IN BUSINESS:	
FED TAX ID #			ORGANIZATION ID		STATE OF ORGANIZATION:			
IF BUSINESS TYPE IS PARTNERSHIP, LLC OR CORPORATION, PLEASE PROVIDE INFORMATION FOR ALL PARTNERS, MANAGERS OR OFFICERS, EACH OF WHOM MUST SIGN AND DATE APPLICATION OR CO-APPLICANT INFORMATION								
PARTNER/OFFICER/MANAGER		SOCIAL SEC NO.	ADDRESS	DATE OF BIRTH	TELEPHONE	% OWNED	TITLE	
LOCATION OF CHIEF EXECUTIVE OFFICE: CITY: _____ STATE: _____								
IF YOU INTEND TO APPLY FOR JOINT CREDIT, APPLICANT AND CO-APPLICANT PLEASE INITIAL HERE.								
Applicant _____				Co-Applicant _____				
APPLICANT AND CO-APPLICANT/GUARANTOR PROVIDE INFORMATION BELOW AND SIGN AND DATE APPLICATION								
INCOME - BANK INFO	PRIMARY LENDER NAME		CITY, STATE		YEAR	TELEPHONE	CONTACT	
	OPERATING							
	MACHINERY							
	BANK							
	EMPLOYER:			CITY, STATE:		YEARS:		
	ANNUAL GROSS INCOME: \$		OCCUPATION/POSITION:		OTHER INCOME (Alimony, Child Support, or Maintenance Need Not Be Revealed if You Do Not Wish it To Be Considered In Determining Your Credit Worthiness), Source of other income: AMOUNT \$ _____ FREQUENCY _____			
	COMPLETE THE SECTION BELOW IF YOU HAVE INCOME FROM AGRICULTURE							
	A DO YOU FARM? FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> # OF ACRES OWNED _____ # OF ACRES RENTED _____ YEARS IN FARMING: _____							
	KIND OF CROP/LIVESTOCK		NO OF ACRES	INCOME DATE	ESTIMATED AMOUNT	KIND OF CROP/LIVESTOCK	NO OF ACRES	INCOME DATE
					\$			\$
G Are there any bankruptcies filed in the past 10 years or any outstanding liens or judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach an explanation for any yes answer.								
IF LOAN IS > \$100,000 AND < \$250,000		TOTAL ASSETS \$		TOTAL LIABILITIES \$		STATEMENT AS OF (MM/DD/YY)		
By signing below, I, whether signing individually as an Applicant, Co-Applicant or guarantor or as officer, partner or manager of the Applicant or Co-Applicant and whether or not I am personally liable for any credit: (1) affirm that the information provided in this application is true and correct and given for the purpose of obtaining credit; (2) instruct and authorize Agricredit Acceptance LLC ("AAC") to check credit, contact references, and verify listed employment history and answer questions about AAC's credit experience with Applicant, Co-Applicant and me; and authorize and instruct my references and current and former employers to release such information to AAC; (3) instruct and authorize AAC to obtain consumer reports on me, in AAC's sole discretion, as part of this application and while any credit granted as a result of this application remains unpaid (4) acknowledge that AAC may retain any information obtained as part of the application process whether or not the requested credit is granted. If this application is primarily for personal, family or household purposes, I acknowledge having received and read the additional disclosures included on Page 3 of this application; (5) authorize AAC to prepare and file against Applicant, Co-Applicant and/or me, a financing statement in form and substance acceptable to AAC sufficient to perfect a security interest in collateral arising in connection with financing applied for herein. I consent to AAC sharing with others information concerning me and AAC's decision whether or not to extend credit, if any, in accordance with applicable law.								
APPLICANT				CO-APPLICANT				
Signature (Individual)		Date		Signature (Individual)		Date		
Signature		Title/Capacity	Date	Signature		Title/Capacity	Date	
(Indicate Partner/Officer/Manager/Guarantor)				(Indicate Partner/Officer/Manager/Guarantor)				

(Please go on to next page if this application amount PLUS all existing debt payable to Agricredit Acceptance LLC, its agents, servicers, affiliates and assigns is \$250,000 or more.)