

RIVER ROCK FINANCIAL SERVICES, INC.

AGRICULTURAL CREDIT APPLICATION

Business Name _____ Address _____

City _____ County _____ State _____ Zip Code _____

Business Phone _____ Home Phone _____ Cell _____

E-Mail _____

Social Security # _____ Fed Tax ID# _____

Primary AG Products _____ Years in Farming _____ Full/Part Time _____

Acres Owned _____ Acres Rented _____ Other Income _____

Principals: (Partners, Shareholders or Members)

Name SS# % Owned

Home Address and Zip

Description of Equipment _____

Amount \$ _____ Terms(mos) _____

Vendor of Equipment to be leased:

Name Address (City & State) Contact Phone

Total Assets* _____ Total Liabilities* _____ Gross Annual Revenue _____

*Required on all transactions

References:

Operating Lender _____ Contact _____ Phone _____

City/State _____

Equipment Finance Co. _____ Contact _____ Phone _____

City/State _____

Mortgage Holder _____ Contact _____ Phone _____

Cty/State _____

The undersigned represents that all information provided with this Application is true and correct. By signing below, the undersigned individual as principal and or guarantor for the applicant, authorizes River Rock Financial, its designees, assignee, or potential assigns, or any lending source to whom this application is submitted ("You") to review or obtain his/her personal and/or business credit information from any source including credit bureau reporting agencies and financial institutions for the purposes of updating, renewing, or extending credit or the collection of any resultant accounts. Additionally, this authorization permits You to share and exchange information and to request, obtain and review bank, financial or other information from past, present, or potential creditors. A fax or photocopy of this authorization shall be valid as the original.

SIGNATURE: _____ DATE: _____

SUBMIT TO: RAY BROOKINGS

Phone 972-467-3342 / Fax 888-423-5973

Email: rayriverrock@gmail.com