

# 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)

<u>Name</u>	<u>SS#</u>	<u>% Owned</u>	<u>Home Address and Zip</u>
_____	_____	_____	_____
_____	_____	_____	_____

Description of Equipment \_\_\_\_\_

Amount \$ \_\_\_\_\_ Terms(mos) \_\_\_\_\_

### Vendor of Equipment to be leased:

<u>Name</u>	<u>Address (City &amp; State)</u>	<u>Contact</u>	<u>Phone</u>
_____	_____	_____	_____

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:** **STEPHANY BEENE**  
Cell: 870-543-0015

Email: [sbeene@riverrockfinance.com](mailto:sbeene@riverrockfinance.com)