

Credit Application



* Required

DEALERSHIP NAME*	STORE LOCATION*	SALESPERSON*
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APPLICANT IS: * INDIVIDUAL/PROPRIETORSHIP CORPORATION LLC GENERAL PARTNERSHIP LIMITED PARTNERSHIP STATE OF ORGANIZATION* _____

Business Applicant Information—Please complete section in its entirety if applicant is a legal entity

LEGAL NAME OF BUSINESS	TAX ID NUMBER	BUSINESS PHONE	BUSINESS FAX	YEARS IN BUSINESS *
BUSINESS ADDRESS (CHIEF EXECUTIVE OFFICE)	CITY	STATE	ZIP	COUNTY

Individual Applicant Information OR If Business Applicant, Please Provide Information for Officers, Owners, or Partners

APPLICANT LEGAL NAME* (INDIVIDUAL/OFFICER/OWNER/PARTNER)				CO-APPLICANT LEGAL NAME (INDIVIDUAL/OFFICER/OWNER/PARTNER)			
APPLICANT SOCIAL SECURITY No. (TAXPAYER ID)*				CO-APPLICANT SOCIAL SECURITY No. (TAXPAYER ID)			
APPLICANT DATE OF BIRTH* (MUST BE 18 YEARS OF AGE OR OLDER)				CO-APPLICANT DATE OF BIRTH (MUST BE 18 YEARS OF AGE OR OLDER)			
ADDRESS*				ADDRESS			
CITY*	STATE*	ZIP*	COUNTY*	CITY	STATE	ZIP	COUNTY
HOME PHONE*	WORK PHONE	CELL PHONE		HOME PHONE	WORK PHONE	CELL PHONE	
YEAR BEGAN FARMING*		U.S. CITIZEN:* <input type="checkbox"/> YES <input type="checkbox"/> NO		YEAR BEGAN FARMING*		U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF BUSINESS APPLICANT—% OWNED	IF BUSINESS APPLICANT—TITLE/OFFICE HELD	IF BUSINESS APPLICANT—% OWNED	IF BUSINESS APPLICANT—TITLE/OFFICE HELD	IF BUSINESS APPLICANT—% OWNED	IF BUSINESS APPLICANT—TITLE/OFFICE HELD	IF BUSINESS APPLICANT—% OWNED	IF BUSINESS APPLICANT—TITLE/OFFICE HELD
ANNUAL SALARY*	OTHER INCOME	ANNUAL SALARY	OTHER INCOME	ANNUAL SALARY	OTHER INCOME	ANNUAL SALARY	OTHER INCOME

Agriculture Income (Most Recent Full Year)

GROSS ANNUAL FARM/BUSINESS INCOME*

Type of Farming Operation

PRIMARY FARM PRODUCT* (PRIMARY CROP OR LIVESTOCK)

Loan Information

AMOUNT REQUESTED*	PURPOSE OF LOAN* (EQUIPMENT DESCRIPTION/MAKE/MODEL/YEAR)		
TERM (YEARS)*	LOAN RATE QUOTED	PAYMENTS <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL	REPAYMENT SCHEDULE BEGINNING (MONTH)
TRANSACTION DETAILS (SALE PRICE, DOWN PAYMENT, TRADE-IN ALLOWANCE, DEALER COST)*			
SPECIAL PROGRAM APPLIES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT PROGRAM?	
INSURANCE AGENT NAME		AGENT PHONE NUMBER	

NOTE: Additional financial information may be required at the sole discretion of farm credit.
 Fax or email completed application to 717.393.4472 or fcexpressprocessing@agfirst.com