

F841-02

APPLICATION - EQUIPMENT/PMSI Limited to AQ Participating Retailer's Trade Area



Retailer:		Loan Amo	Loan Amount Requested: \$				Referred By:		
Applicant is a:		ual ☐ Partnership¹ ☐ Corporation¹ ☐ Limited Liability			Company ¹				
	ocuments with application.								
Purchase price:	oment to be purchased/r	ennancea:							
-	urchase Agreement (if a	pplicable)	Attach co	opy of Loai	n Stmt (if applicable)			
tion 1: (Required by a	ıll applicants)								
Entity Name:]	Entity TIN:	:				
Applicant's (Legal) First Name:			Middle Initial: Last Na		Last Name:	e:			
SS#:	Street Address:		(City:	<u>.</u>	State:	Zip:		
County of Residence:		No. of yrs at residence:		Counties farmed in:					
Home Phone:		Cell:		e-mail:					
Date of Birth:	Yr Began Farming: N		Marital Status: Married Single						
Co-App/Spouse (Leg	MI: I		Last Name:						
SS#:		Date of Birth:		r Began Farming:					
SUMMARY OF I	FINANCIAL POSITI	ON AS OF BA	LANCE SH	EET DAT	TED (INSE	ERT DATE)			
Income		Assets			Liabilities			NOTE: If loa request or TL	
Gross Farm Income:		Current Assets:			Current Liabilities:			> \$200,00 applicant is submit expand SIGNED	
Non-Farm Income:		Intermediate Assets:			Intermediate Liabilities:				
Source of Non Farm Income:		Long Term Assets:			Long Term Liabilities:			balance she	
		Total Assets:			Total Liabilities:			days of t	
					Net Worth:			application da and 3 Yrs Ta	
								Returns	
INSURANCE INFO			None	Agent N	Jamo:				
Insurance Agency A			Плопе	Phone:	vanie.				
insurance rigency ri				1 1101100					
П	TE/TERM OPTION			SELECT PAYMENT FREQUENCY					
PROMO	Variable Rate	Fixed Ra							
				1_					
	2 Years 3 Years	☐ 2 Yea ☐ 3 Yea	rs		Monthly	☐ Quar			
	3 Years 4 Years	☐ 2 Yea ☐ 3 Yea ☐ 4 Yea	rs rs rs		Monthly Semi-Annual	☐ Ann	terly		
	3 Years	☐ 2 Yea ☐ 3 Yea	rs rs rs		Monthly	☐ Ann	terly		
By signing below, I/w financial condition as Capital to request ar policies acquired from Privacy Act, section (both in the current a	☐ 3 Years ☐ 4 Years ☐ 5 Years	ation, together with that our financial and/or Personally, Comprehensive on Insurance Act (Ary to act on or verification) 2 Yea	n any addition condition has Identifiable Information Mct) or any apy the supplied	al informati not materia information lanagement plicable sta d information	Monthly Semi-Annual 1st Payment on provided, is a true illy changed. I/We he including but not lim System, or any ager tue. I/We consent to n. Upon receipt of the	Annual Date: e, correct and cereby authorize hited to my farm that is protect any credit and e application, ap	omplete stat AgQuest/Ve ning operationed from disc employment plicant(s) sha	rity/Northland on, insurance closure by the investigation all be notified	
By signing below, I/w financial condition as Capital to request ar policies acquired from Privacy Act, section (both in the current a	□ 3 Years □ 4 Years □ 5 Years □ 7 Years ures and Authorizations we certify that this information of the date indicated and my Protected Information my Policy Company, USDA 502© of the Federal Cro nd future years) necessal	ation, together with that our financial and/or Personally, Comprehensive on Insurance Act (Ary to act on or verification) 2 Yea	n any addition condition has Identifiable Information Mct) or any apy the supplied	al informati not materia information lanagement plicable star d information ditional information	Monthly Semi-Annual 1st Payment on provided, is a true illy changed. I/We he including but not lim System, or any ager tue. I/We consent to n. Upon receipt of the	Annual Date: e, correct and cereby authorize hited to my farm that is protect any credit and e application, ap	omplete stat AgQuest/Ve ning operationed from disc employment plicant(s) sha	rity/Northland on, insurance closure by the investigation all be notified	
By signing below, I/w financial condition as Capital to request ar policies acquired from Privacy Act, section (both in the current a by a representative of Applicant Signature The Federal Equal Credit Of applicant has the capacity to right under the Consumer Credits.	3 Years 4 Years 5 Years 7 Years ures and Authorizations we certify that this information of the date indicated and my Protected Information Policy Company, USDA 502© of the Federal Crop and future years) necessar of AgQuest/Verity or the Page proportunity Act prohibits creditors enter into a binding contract); because of the Agameter of the Page 1 of the Page 2 o	2 Yea 3 Yea 3 Yea 4 Yea 5 Yea 7 Yea 7 Yea ation, together with that our financial and/or Personally, Comprehensive on Insurance Act (Ary to act on or verificanticipating Retaile Date from discriminating again	n any addition condition has Identifiable Information Mct) or any apy the supplied as to any ad	nal information not material information lanagement plicable star dinformation ditional information ditional information has on the basis	Monthly Semi-Annual 1st Payment on provided, is a true llly changed. I/We he including but not lim System, or any ager tue. I/We consent to n. Upon receipt of the rmation needed to for or receipt of the remation needed to for or race, color, religion, nation of race, color, religion, nation needed to for race, color, religion, nations.	Annual Date: e, correct and cereby authorize ited to my farm that is protect any credit and e application, appropriate application, application, appropriate application, appropriate application, applic	omplete stat AgQuest/Vening operation ed from disc employment plicant(s) shat's loan requi	rity/Northland on, insurance closure by the investigation all be notified est. Date provided that the	
By signing below, I/w financial condition as Capital to request ar policies acquired from Privacy Act, section (both in the current a by a representative of Applicant Signature The Federal Equal Credit Opapplicant has the capacity to	3 Years 4 Years 5 Years 7 Years ures and Authorizations we certify that this information of the date indicated and my Protected Information Policy Company, USDA 502© of the Federal Crop and future years) necessar of AgQuest/Verity or the Page proportunity Act prohibits creditors enter into a binding contract); because of the Agameter of the Page 1 of the Page 2 o	2 Yea 3 Yea 3 Yea 4 Yea 5 Yea 7 Yea 7 Yea ation, together with that our financial and/or Personally, Comprehensive on Insurance Act (Ary to act on or verificanticipating Retaile Date from discriminating again	n any addition condition has Identifiable Information Mct) or any apy the supplied as to any ad	nal information to material information lanagement plicable start information ditional information ditional information for the basis erives from any	Monthly Semi-Annual 1st Payment on provided, is a true llly changed. I/We he including but not lim System, or any ager tue. I/We consent to n. Upon receipt of the rmation needed to for or receipt of the remation needed to for or race, color, religion, nation of race, color, religion, nation needed to for race, color, religion, nations.	Annual Date: e, correct and coreby authorize lited to my farmit that is protect any credit and e application, appropriate application, appropriate application ap	omplete stat AgQuest/Vening operation ed from disc employment plicant(s) shat's loan requi	rity/Northland on, insurance closure by the investigation all be notified est. Date provided that the	