

APPLICANT'S NAME (Last, First, Middle)		US CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	SOCIAL SEC. NO.	DATE OF BIRTH	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 <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		YRS AT CURRENT ADDRESS		
WORK OR CELL TELEPHONE NUMBER						
G	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	CITY	STATE	TELEPHONE NUMBER	RELATIONSHIP	
E	LEGAL NAME OF BUSINESS UNDER WHICH YOU OPERATE	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) _____				
N	FED TAX ID#	ORGANIZATION ID#	STATE OF ORGANIZATION			
E	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					
R	PARTNER/OFFICER/MANAGER	SOCIAL SEC NO.	RESIDENCE (CITY, STATE.)	DATE OF BIRTH	TELEPHONE	% OWNED
A						
L	LOCATION OF CHIEF EXECUTIVE OFFICE: CITY _____ STATE _____					
	EQUIPMENT USE: FARM _____% CUSTOM WORK _____% FORESTRY _____% CONSTRUCTION/COMMERCIAL _____% INDUSTRIAL _____% RENTAL YARD _____% PERSONAL/FAMILY/HOUSEHOLD _____% OTHER _____% (Please describe)					
	YEARS IN BUSINESS	COUNTY & STATE IN WHICH EQUIPMENT WILL BE KEPT				
	IF YOU INTEND TO APPLY FOR JOINT CREDIT, PLEASE INITIAL HERE. _____ Applicant _____ Co-Applicant					
	APPLICANT AND CO-APPLICANT/GUARANTOR PROVIDE INFORMATION BELOW AND SIGN AND DATE APPLICATION					
	PRIMARY LENDER NAME	CITY, STATE	YEAR	TELEPHONE	CONTACT	
	OPERATING					
	MACHINERY					
	BANK					
	EMPLOYER	CITY, STATE	YEARS	ANNUAL GROSS INCOME		
	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		SOURCE OF OTHER INCOME			
	AMOUNT \$	FREQUENCY	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 _____	
G		KIND OF CROP/LIVESTOCK	NO. OF ACRES	INCOME DATE	ESTIMATED AMOUNT	OTHER INCOME
	SEASONAL				\$	\$
	INCOME				\$	\$
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)		
<p>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; (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; and (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 with this application. 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.</p>						
APPLICANT				CO-APPLICANT		
Signature	(Individual)	Date	Signature	(Individual)	Date	Date
Signature	Title/Capacity (Indicate Partner/Officer/Manager/Guarantor)	Date	Signature	Title/Capacity (Indicate Partner/Officer/Manager/Guarantor)	Date	Date

(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.)