APPLICATION - EQUIPMENT/PMSI

Limited to AQ Participating Retailer's Trade Area

Retailer:	**Loan Amount Requested: $**	**Referred By:**
Applicant is a: ☐ Joint Operation ☐ Individual ☐ Partnership[1] ☐ Corporation[1] ☐ Limited Liability Company [1] [1] Submit legal entity documents with application.		☐ Loan ☐ Lease
Description of Equipment to be purchased/refinanced: **Purchase price:**		Account Manager:
☐ **Attach copy of Purchase Agreement** *(if applicable)* ☐ **Attach copy of Loan Stmt** *(if applicable)*		

Section 1: (Required by all applicants)

APPLICANT

Entity Name:		**Entity TIN:**		
Applicant's *(Legal)* First Name:	M:	Last Name:		
SS#:	Street Address:	City:	State:	Zip:
County of Residence:	No. of yrs at residence:	Counties farmed in:		
Home Phone:	Cell:	e-mail:		
Date of Birth:	Yr Began Farming:	Marital Status: ☐ Married ☐ Single		
Co-App/Spouse *(Legal)* First Name:	M:	Last Name:		
SS#:	Date of Birth:	Yr Began Farming:		

APPLICANT

SUMMARY OF FINANCIAL POSITION AS OF BALANCE SHEET DATED (INSERT DATE)

Income	Assets	Liabilities
Gross Farm Income:	Current Assets:	Current Liabilities:
Non-Farm Income:	Intermediate Assets:	Intermediate Liabilities:
Source of Non Farm Income:	Long Term Assets:	Long Term Liabilities:
	Total Assets:	**Total Liabilities:**
		Net Worth:

NOTE: If loan request or TLO > $300,000, applicant is to submit expanded **SIGNED** balance sheet dated within 60 days of the application date and 3 Yrs Tax Returns

INSURANCE INFORMATION

Insurance Agency Name: ☐None	**Agent Name:**
Insurance Agency Address:	**Phone:**

PROMO ☐

SELECT YOUR RATE/TERM OPTION

Variable Rate	Fixed Rate
☐ 2 Years	☐ 2 Years
☐ 3 Years	☐ 3 Years
☐ 4 Years	☐ 4 Years
☐ 5 Years	☐ 5 Years
☐ 7 Years	☐ 7 Years

SELECT PAYMENT FREQUENCY

☐ Monthly ☐ Quarterly

☐ Semi-Annual ☐ Annual

1st Payment Date:

Disclosures, Signatures and Authorizations

By signing below, I/we certify that this information, together with any additional information provided, is a true, correct and complete statement of our financial condition as of the date indicated and that our financial condition has not materially changed. I/We hereby authorize AgQuest/Verity/Northland Capital to request any Protected Information and/or Personally Identifiable Information including but not limited to my farming operation, insurance policies acquired from Policy Company, USDA, Comprehensive Information Management System, or any agent that is protected from disclosure by the Privacy Act, section 502(c) of the Federal Crop Insurance Act (Act) or any applicable statute. I/We consent to any credit and employment investigation (both in the current and future years) necessary to act on or verify the supplied information. Upon receipt of the application, applicant(s) shall be notified by a representative of AgQuest/Verity or the Participating Retailer as to any additional information needed to formalize applicant's loan request.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

For Internal Use Only

Loan Date:_____ Term LR #_____ Analyst_____ ☐ AIMS ☐ Lien EM/Web/FX ☐Credit Bureau - Score _____

Loan Purpose:	**BRM:**	**Relationship CODE:**