

KIOTI FINANCE CREDIT APPLICATION

APPLICANT'S NAME (First,Last,Middle)		SOCIAL SEC. NO.	DATE OF BIRTH	HAVE YOU EVER USED AAC BEFORE? YES ___ NO ___		
MAILING ADDRESS		CITY		STATE	ZIP CODE	
PHYSICAL ADDRESS OF RESIDENCE (if different then mailing address)			COUNTY (REQUIRED)		E-MAIL ADDRESS	
HOME TELEPHONE NUMBER		MARITAL STATUS ___MARRIED ___UNMARRIED ___SEPARATED			YRS AT CURRENT ADDRESS	
WORK OR CELL NUMBER		CITY		STATE	PHONE NUMBER	RELATIONSHIP
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		CITY		STATE	PHONE NUMBER	RELATIONSHIP
LEGAL NAME OF BUSINESS UNDER WHICH YOU OPERATE			TYPE OF BUSINESS <input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Company (LLC) <input type="radio"/> Individual <input type="radio"/> General Partnership <input type="radio"/> Other (specify) _____			
FED TAX ID#		ORGANIZATION ID#		STATE OF ORGANIZATION		
IF BUSINESS TYPE IS PARTNERSHIP, LLC OR CORPORATION, PLEASE PROVIDE INFORMATION FOR ALL PARTNERS, OWNERS OR OFFICERS BELOW						
OWNER/PARTNER/OFFICER	SOCIAL SEC.NO.	RESIDENCE (CITY, STATE)	DATE OF BIRTH	TELEPHONE	% OWNED	TITLE
BUSINESS ADDRESS (CHIEF EXECUTIVE OFFICE)		CITY	COUNTY	STATE	ZIP CODE	
EQUIPMENT USE: FARM ___% CUSTOM WORK ___% FORESTRY ___% COMMERCIAL ___% INDUSTRIAL ___% RENTAL YARD ___% PERSONAL ___% OTHER ___% (PLEASE DESCRIBE) _____						
YEARS IN BUSINESS		COUNTY & STATE IN WHICH EQUIPMENT WILL BE KEPT				
	PRIMARY LENDER NAME	CITY, STATE		YEARS	TELEPHONE	CONTACT NAME
OPERATING						
MACHINERY						
BANK						
EMPLOYER		CITY, STATE			YEARS	ANNUAL GROSS INCOME
SOURCE OF OTHER INCOME		SOURCE OF OTHER INCOME			SOURCE OF OTHER INCOME	
AMOUNT \$	FREQUENCY	AMOUNT \$	FREQUENCY	AMOUNT \$	FREQUENCY	FREQUENCY
COMPLETE THE SECTION BELOW IF YOU HAVE INCOME FROM AGRICULTURE						
DO YOU FARM? <input type="radio"/> FULL TIME <input type="radio"/> PART TIME # OF ACRES OWNED _____ # OF ACRES RENTED _____						
SEASONAL INCOME	KIND OF CROP	NO.OF ACRES	INCOME DATE	ESTIMATED AMOUNT	OTHER INCOME	AMOUNT
				\$		\$
				\$		\$
IF LOAN IS > \$100,000 AND < \$250,000		TOTAL ASSESTS \$	TOTAL LIABILITIES \$	STATEMENT AS OF (MM/DD/YY)		

STOP HERE....AND SIGN BELOW IF

1) this application amount PLUS all existing debt payable to Agricrodit is LESS THAN \$250,000

Have I/we had any unsatisfied judgments rendered against me/us in the past 7 years, had equipment repossessed in the past 7 years, or been declared bankrupt in the past 10 years? (yes/no)_____ Please attach an explanation for any yes answer

By signing below, Applicant: (1) affirms that the information provided in this application, including the reverse side if completed is true and correct and given for the purpose of obtaining credit; (2) understands that if credit is extended, Agricrodit Acceptance LLC, its agents, servicers, affiliates, and assigns ("AAC Entities"), will rely on such information to secure the indebtedness; (3) authorizes references to provide all relevant information to the AAC Entities; (4) authorizes the AAC Entities to investigate and obtain reports concerning credit history; and (5) authorizes the AAC Entities to release to, and share and exchange with: (a) any other AAC Entities, (b) any manufacturer of any equipment covered by this application, and (c) any dealer who may sell or lease any of the equipment covered by this application or who may submit or originate this application, any information concerning Applicant or Applicant's credit experience with the AAC Entities and their decision whether or not to extend any credit. Applicant waives any right to confidentiality that may exist with respect to the release, exchange or sharing of such information. The AAC Entities are authorized to retain any information as part of the application process whether or not the requested credit is granted.

Signature

Signature (Partner/Co-Signor/Guarantor)

Date

Date

Two years of Financial Statements (Balance Sheet and Income Statement)

Necessary if:

- 1.) this application amount PLUS all existing debt payable to Agricredit is \$250,000 or more, OR
- 1) upon request of Agricredit or any of its affiliates.

If the above requested information is not available, AAC would consider substituting two years history of the most recent Tax Returns, and the following financial information.

CASH		ACCOUNTS PAYABLE	
RECEIVABLE		OPERATING LOANS	
STOCKS, BONDS, CERTIFICATES OF DEPOSIT, ETC		MACHINERY LOANS	
MACHINES AND EQUIPMENT		AUTO & TRUCK LOANS	
AUTOS AND TRUCKS		REAL ESTATE LOANS	
LIVESTOCK		UNSECURED & CREDIT CARDS	
CROPS FOR SALE: HARVESTED YES _____ NO _____		TAXES PAYABLE	
BUILDINGS AND LAND NO. OF ACRES _____		MONEY OWED TO OTHERS	
OTHER ASSETS		OTHER LIABILITIES	
TOTAL ASSETS		TOTAL LIABILITES	
		CONTINGENT LIABILITIES/GUARANTIES	

If the requested credit is granted, applicant agrees to provide updated Financial Statements annual, thereafter.

COMPLETE THE FOLLOWING SECTION IF EQUIPMENT WILL BE USED FOR CUSTOM, COMMERICAL, FORESTRY, OR OTHER

WILL EQUIPMENT BE USED: FULL TIME _____ PART TIME _____%		SLACK MONTHS:		
SPECIFIC LINE OF BUSINESS	PRIMARY CONTACTOR _____	IF SUBCONTRACTOR, NAME ADDRESS OF PRIME CONTRACTOR		
	SUB CONTRACTOR _____			
ESTIMATED MONTHLY GROSS \$				
IF FORESTRY, PLEASE LIST THE MILLS CURRENTLY BUYING YOUR LOGS OR SERVICES:				
NAME	ADDRESS	CONTACT NAME	PHONE NUMBER	VOLUME PER WEEK