



RETAIL INSTALLMENT CONTRACT APPLICATION

Fax Application to: (402) 348-3399

www.agdirectonline.com

Processing Center: (888) 525-9805

Please indicate your application intentions by checking the appropriate box: Individual Credit Joint Credit

Dealer Name: _____ City/State: _____ Salesperson/Contact: _____

Primary Applicant *(If Primary Applicant is an entity, a natural person is recommended as a Co-Applicant.)*

Entity Structure: Limited Liability Company Corporation General Partnership Other: _____

ID Number (SSN/TIN): _____ Headquarter State/County: _____ / _____

Entity Name *(If applicable)*: _____

First: _____ Middle: _____ Last: _____

Address: _____ City: _____ State: _____ Zip Code: _____

County: _____ Home Ph: _____ Business Ph: _____

Date of Birth: _____ Year Began Farming: _____ Primary Ag Product: _____

Co-Applicant *(Complete if applying for joint credit or if Primary Applicant is an entity.)*

Entity Structure: Limited Liability Company Corporation General Partnership Other: _____

ID Number (SSN/TIN): _____ Headquarter State/County: _____ / _____

Entity Name *(If applicable)*: _____

First: _____ Middle: _____ Last: _____

Address: _____ City: _____ State: _____ Zip Code: _____

County: _____ Home Ph: _____ Business Ph: _____

Date of Birth: _____ Year Began Farming: _____ Primary Ag Product: _____

Asset #1 New Purchase Only

Machinery/Equipment Irrigation Titled Equipment

Make: _____ Type: _____ Model/Dimension: _____ Year: _____

Serial/VIN: _____ Custom Work

Equipment Location*: _____

*Enter address of where equipment will be located.

Asset #2 New Purchase Only

Machinery/Equipment Irrigation Titled Equipment

Make: _____ Type: _____ Model/Dimension: _____ Year: _____

Serial/VIN: _____ Custom Work

Equipment Location*: _____

*Enter address of where equipment will be located.

Purchase Transaction Int. Rate Type: Fixed Variable Quoted Int Rate: _____ Special Program: _____

Asset 1 Purch Price: \$ _____ Asset 2 Purch Price: \$ _____ Total Sales Price: \$ _____

Description of Soft Costs *(if applicable)*: _____ Total Soft Costs *(if applicable)*: \$ _____

Est Closing Date: _____ 1st Pymt Date: _____ / 01 / _____ Total Trade Allowance: \$ _____

Term (mos): _____ Trade-in Payoff: \$ _____

Pymt Frequency: Monthly Quarterly Semiannual Annual Other Costs: \$ _____

Harvest Pay Cash Down Payment: \$ _____

Trade-in Description: _____ Total Amt Financed: \$ _____

Legal Description *(Only required for Pivot Irrigation)*

Qtr: _____ Sec: _____ Twp: _____ Rg: _____ County: _____ State: _____

Real Estate Owner: _____ Lienholder Name: _____

Eligibility/Scope Credit Purpose: Agricultural Commercial/Business Personal

Are all of the applicants U.S. citizens, U.S. formed legal entities, or foreign nationals with E2 Visas? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Gross Farm Income (GFI) more than 50% of the Primary Applicant's total income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Farm Income: <input type="checkbox"/> \$0 <input type="checkbox"/> \$1 - \$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> \$500,001 - 1,000,000 <input type="checkbox"/> > \$1,000,000
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Dealer has provided the Applicant Disclosure and Authorization (Form 8412) to Applicant(s).

If this application is approved, Dealer hereby offers the retail installment contract for participation under the Master Participation Agreement between Dealer and Farm Credit Services of America, PCA.

Comments/Other Assets: _____

NOTE: All paper applications must be accompanied by a photocopy of each individual Applicant's driver's license or state issued ID.