

**DIVERSIFIED FINANCIAL SERVICES, LLC (DFS)**

14010 FNB PARKWAY, SUITE 205 OMAHA, NE 68154 PHONE: 1-800-648-8026 FAX: 1-888-922-4634

AGRICULTURAL CREDIT APPLICATION

To Finance/Lease Equipment that will be Used Primarily for Ag. Purposes

Dealer Name: _____ Contact: _____ Phone: _____

Business Style: Ind./Proprietorship Partnership Ltd. Partnership Corp. L.L.C. (Attach articles & operating agreement) Trust (Attach agreement)
 *If business style is Partnership, Ltd. Partnership, Corporation or L.L.C., please provide information on all partners, shareholders or members below.

Legal Name (Applicant) _____ SS# / Fed ID # _____ Married
 Unmarried
 Separated

Mailing Address (including street address) _____ City _____ State _____

County _____ Zip Code _____ Date of Birth _____ Home Phone _____ Cell Phone _____

Legal Name (Co-Applicant) _____ SS# / Fed ID # _____ Married
 Unmarried
 Separated

Address _____ Date of Birth _____ Home Phone _____ Cell Phone _____

*** Names and addresses (including city & state) of Partners, Shareholders or Members**

1. _____ Tax ID # _____ % Owned _____
 2. _____ Tax ID # _____ % Owned _____
 3. _____ Tax ID # _____ % Owned _____

* State of Incorporation or Organization (Required) _____

Years Farming _____ Full Time Part Time Acres Owned _____ Acres Rented _____

Other Income (Amount & Source) _____ Primary Ag Products _____

Total Assets* _____ **Total Liabilities*** _____ **Gross Annual Revenue** _____ Greater than 1 million dollars
 *Required on all transactions (Complete balance sheet required on transactions over \$150,000) Less than 1 million dollars

References:

Operating Lender _____ Contact _____ Phone _____ City/State _____
 Equipment Finance Co. _____ Contact _____ Phone _____ City/State _____
 Mortgage Holder _____ Contact _____ Phone _____ City/State _____

Are there any unsatisfied judgments against you?..... YES NO Have you been declared bankrupt in the last 10 years? YES NO

DFS PHYSICAL DAMAGE INSURANCE
 Yes, I would like DFS Insurance No, but I will provide proof of my coverage

Equipment Description:

(Please use back of application for additional equipment)

Year: _____
 Make/Model: _____
 Description: _____
 Serial Number: _____

Terms of Sale:

Sale/Lease Price \$ _____
 Sales Tax \$ _____
Sub Total \$ _____
 Cash Down/Advance \$ _____
 Trade-in Allowance \$ _____
 Trade-in Description _____
Total Down/Advance \$ _____
 Doc Fee \$ _____
 Insurance \$ _____
Amount to Finance \$ _____

Terms Requested:

Contract/Lease: _____ Term: _____
 Fixed /Variable: _____ Rate: _____
 Pmt Frequency: _____ Plan: _____

I/We are interested in financing some equipment with Diversified Financial Services, LLC. I/We understand and agree that you may assign or transfer this credit application to others to decide whether or not to extend credit. I/We authorize the above bank and business references to give any and all necessary information including balance sheets and income statements to you, your assignees or transferees, which will assist you in your credit inquiry. This application and financial statement is given for the purpose of obtaining credit. I/We hereby certify under penalty of law that the foregoing is a true and complete statement of my/our financial condition. In the event of any material change in my/our financial condition, I/we will notify you immediately in writing. I/We hereby authorize DFS, Dealer and their respective assignees, transferees and agents to authenticate and file financing statements and amendments thereto regarding the requested financing and any subsequent financing which DFS may grant to us. See reverse side of application for additional disclosures.

Applicant Signature X _____, **Date** _____ I intend to apply for joint credit YES NO
Co-Applicant Signature X _____, **Date** _____ I intend to apply for joint credit YES NO

DIVERSIFIED FINANCIAL SERVICES, LLC.

14010 FNB PARKWAY, SUITE 205 OMAHA, NE 68154
 PHONE: 1-800-648-8026 FAX: 1-888-356-6242

Name: _____
 Date of Balance Sheet: _____

THE FOLLOWING BALANCE SHEET IS REQUIRED IF FINANCED AMOUNT OR TOTAL EXPOSURE WITH DFS IS OVER \$150,000

ASSETS	\$ AMOUNT	LIABILITIES	\$ AMOUNT
Cash		Accounts Payable	
Accts Receivable		Operating Loans	
Marketable Securities			
Crops in Inventory		Credit Cards	
Investment in Growing Crops		Vehicle Loans To Whom:	
Market Livestock		Equipment Loans To Whom:	
Breeding Livestock			
Machinery & Equipment		Real Estate Debt To Whom:	
Vehicles			
Retirement Accounts		Other (describe)	
Land & Buildings Acres _____		TOTAL LIABILITIES	
Other (describe)		NET WORTH (TA-TL)	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

Applicant Signature: _____ Date: _____

ADDITIONAL EQUIPMENT BEING PURCHASED

N/U	YEAR	MAKE	MODEL	DESCRIPTION	SERIAL NUMBER	SALES PRICE	DLR. COST IF NEW HRS./COND. IF USED

Comments: _____

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact (Diversified Financial Services, LLC. at 800-648-8026) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: 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 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. The federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission Equal Credit Opportunity, Washington, D.C., 20580.

The USA PATRIOT Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.