



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

14010 FNB PARKWAY, SUITE 400
OMAHA, NE 68154
PHONE: 1-800-648-8026
www.dfsfinance.com

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 # _____
Date of Birth _____ Mailing Address (include street address) _____
City _____ State _____ Zip Code _____ County _____
Home Phone _____ Cell Phone _____ Email _____

Legal Name (Co-Applicant) _____ SS# / Fed ID # _____ Date of Birth _____
Address _____ Home Phone _____ Cell Phone _____
Email _____

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

1. _____ D.O.B. _____ Tax ID # _____ % Owned _____
2. _____ D.O.B. _____ Tax ID # _____ % Owned _____
3. _____ D.O.B. _____ Tax ID # _____ % Owned _____

Are all applicants US Citizens... YES NO * State of Incorporation/Organization (REQUIRED) _____
Driver's License copies are required on all individuals and partners of partnerships applying for credit

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 Less than 1 million dollars
(Complete balance sheet required on transactions over \$500,000)

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

PHYSICAL DAMAGE INSURANCE: Yes, I would like 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: _____
Hours: _____

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: _____

I/We are interested in financing some equipment with DFS Finance, a division of First National Bank of Omaha. 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 DFS Finance to obtain credit reports for all permissible business purposes related to financing and leasing transactions with DFS Finance. 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 agree to periodically furnish financial or other information if requested by DFS Finance. I/We hereby authorize DFS Finance, 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 Finance may grant to us. All information collected by DFS Finance (whether directly or indirectly) is subject to and governed by our privacy policy located at www.dfsfinance.com

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