



						E-MAIL ADD	RESS				
	APPLICANT'S NAME (Last, First, Middle)		SO	SOCIAL SECURITY NO.				DATE OF BIRTH (MM/DD/YYYY) / /		TELEPHONE NUMBER	
GENERAL	MAILING ADDRESS					CITY		STATE		ZIP	
	PHYSICAL ADDRESS (IF		COUNTY (REQ				COUNTY	AND STATE OF WHERE	E EQUIPMENT WILL BE KEPT		
	US CITIZEN IF NO, PERMANENT RESIDEN YES NO YES NO		ENT	T MARITAL STATUS ☐ MARRIED ☐ UNMARRIED ☐ SEPARATED				DO YOU FARM? FULL TIME PART TIME		# OF ACRES OWNED/RENTED	
	EQUIPMENT USE: CUSTOM WORK% II			CONSTRUCTION/COMMERCIAL % PERSONAL/FA NDUSTRIAL % OTHER % RENTAL YARD% PLEASE DESC					YEARS IN FARMING BUSINESS		
3USINESS or Co-Buyer(s)	LEGAL NAME UNDER WHICH YOU OPERATE IF PARTNERSHIP, LLC OR CORPORATIONS:					NS:		YEARS IN BUSINESS			
	FED TAX ID		ORGANIZATION ID			STATE OF ORGANIZATION					
	TYPE OF BUSINESS LIMITED PARTNERSHIP LIMITEDLIABILITY COMPANY (LLC) CORPORATION INDIVIDUAL GENERAL PARTNERSHIP OTHER (Please specify)										
	PRINCIPAL / OWNERSHIP INFORMATION An individual (1) who owns, directly or indirectly, more than 25% of the equity interests or Profit Sharing/Economic interest of the legal entity customer (e.g., each natural person that owns more than 25% of the shares of a corporation); OR (2) the name of the natural person with effective control (day to day decision making) OR if neither (1) or (2) apply, please provide the names of all Board of Directors (BODs)/Executive Management. Ownership Type: Ownership conomic interest, voting rights or shares >25% Person who exercises effective control										
USINE	PRINCIPAL/OWNE	SOCIAL SEC NO TAX ID				uding COUNTRY OF RESIDENCE)		DATE OF BIRTH	TELEPHONE	% OWNED	TITLE/POSITION
m m											
BANK	PRIMARY LENDER NAME		CIT	CITY, STATE		TELEPHON		NE		CONTACT	
	OALIEODINA DECIDENTA	t If manied you may analy for a		LIOTIOE	TO 1441	E AND TENNIESS	- DEAIDEN	TO \/ .		1 0 0	1. 4 1 1

NOTICE TO CALIFORNIA RESIDENTS: If married, you may apply for a separate account. NOTICE TO MAINE AND TENNESSEE RESIDENTS: You have the right of free choice in selecting the agent and insurer through or by which the insurance you obtain in connection with the credit you are applying for is placed. Your right of free choice is subject only to our right to approve the insurer you select on a reasonably non-discriminatory basis related to the solvency and assessment policies of the insurer and its ability to service the policy. Your choice of insurer will not affect the credit decision or credit terms in any way, except that we may impose reasonable requirements concerning the creditworthiness of the insurer and scope of coverage chosen. NOTICE TO NEW YORK AND RHODE ISLAND RESIDENTS: A consumer report may be requested in connection with this application. If you ask us, we will tell you whether or not a consumer report was requested, and, if it was, we will tell you the name and address of the consumer reporting agency that furnished the report. NOTICE TO OHIO RESIDENTS: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law. NOTICE TO MARRIED APPLICANTS RESIDING IN WISCONSIN: No provision of any marital property agreement, unilateral statement under section 766.59 Wis. Stats. or court decree under section 766.70 Wis. Stats. adversely affects the interests of the creditor unless the creditor prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision when the obligation to the creditor is incurred. NOTICE TO ALL CUSTOMERS: USA PATRIOT Act - Customer Identification Program - Enacted to help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify and record information that identifies each person who applies for a loan. When you apply for a loan we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

By signing below, I, whether signing individually as an Applicant, Co-Applicant or quarantor or as officer, partner or manager of the Applicant or Co-Applicant and whether or not I am personally liable for any credit. (1) affirm that the information provided in this application is true and correct and given for the purpose of obtaining credit, (2) instruct and authorize AGCO Finance LLC and/or its affiliates and related parties ("AFC") to check credit, contact references, and verify listed employment history and answer questions about AFC's credit experience with Applicant. Co-Applicant and me, and authorize and instruct my references and current and former employers to release such information to AFC; (3) instruct and authorize AFC to obtain consumer reports on me, in AFC's sole discretion, as part of this application and while any credit granted as a result of this application remains unpaid; (4) authorize and direct AFC to share the results of any credit report, credit investigation or employment investigation (including the information contained in this application) with any dealer, manufacturer or other person assisting me in attempting to obtain an extension of credit (a "Dealer"); (5) authorize and direct AFC to use any such results to determine if I qualify for an offer of credit; (6) authorize and direct AFC to notify a Dealer about whether I qualify for any offers and the details of any such offers; (7) acknowledge that AFC may retain any information obtained as part of the application process whether or not the requested credit is granted; (8) authorize AFC to prepare and file against Applicant, Co-Applicant and/or me, a financing statement in form and substance acceptable to AFC sufficient to perfect a security interest in collateral arising in connection with financing applied for herein; (9) authorize AFC to provide information about this transaction to others for the purpose of initiating, monitoring and servicing my account; and (10) authorize AFC to give a copy of this application to anyone who has agreed to pay debts incurred on the basis of this application. If AFC extends credit as a result of this application, I agree that (a) AFC may monitor and record telephone calls regarding the account greated to assure the quality of services or for other reasons; (b) AFC may use automatic dialing equipment while servicing or collecting the account, as allowed by law; and (c) AFC may contact me using any telephone number or email address I provide to AFC or using any telephone number or email address AFC obtains from another source, even if the number is for a mobile telephone... If this application is primarily for personal, family or household purposes, I acknowledge having read the additional disclosures included on this application. I consent to AFC sharing with others information concerning me and AFC's decision whether or not to extend credit, if any, in accordance with applicable law. For additional information about our privacy practices, please review our privacy statement at www.agcofinance.com/usprivacy

APPLICAN	PPLICANT			CO-APPLICANT			
Signature	(Individual)	Date	Signature	(Individual)	Date		
Signature	Title/Capacity (Indicate Partner/Officer/Manager/Guarantor)	Date	Signature	Title/Capacity (Indicate Partner/Officer/Manager/Guaranto	Date r)		

If this application amount is \$250,000 or more, or if this application amount PLUS all existing debt payable to AGCO Finance LLC, its agents, servicers, affiliates and assigns are \$500,000, please provide fiscal year end income statement and balance sheet (personal and business).