

**Diversified Financial**

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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

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 _____ ☐ Married
☐ Unmarried
☐ Separated

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 creditYears 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
(Complete balance sheet required on transactions over \$175,000) ☐ 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 ☐ NOHave 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 Requested:**Contract/Lease: _____ Term: _____
Fixed/Variable: _____ Rate: _____
Pmt Frequency: _____ Plan: _____**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 \$ _____

I/We are interested in financing some equipment with Diversified Financial. 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 Diversified Financial to obtain credit reports for all permissible business purposes related to financing and leasing transactions with Diversified Financial. 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 Diversified Financial. I/We hereby authorize Diversified Financial, 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 Diversified Financial may grant to us. See reverse side of application for additional disclosures.

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