

# FARM CREDIT LEASING

1600 Colonnade  
5500 Wayzata BLVD  
Minneapolis MN 55416-1252

# Customer Application

CCAN # \_\_\_\_\_

Information provided in this application is correct to the best of my knowledge. I understand this application will be retained whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. I authorize all past or present creditors to release any and all necessary credit information. I understand and agree that this document may be transmitted to creditors electronically by fax or other means. I hereby authorize those creditors to release information as detailed above based on this electronically transmitted document.

Signature _____	Date _____	Signature _____	Date _____
(please print or type individual's name)	(Title-corporations only)	(please print or type individual's name)	(Title-corporations only)

## SECTION A Customer Information

Name(s) Individual or legal name of corporation, partnership or organization	Contact	Title (if corporation)
	Date of birth	
	Email address	
Address	Phone number	Mobile phone number
City	State	County
	Zip code	Fax number
Billing name	Same as above <input type="checkbox"/>	Attention
		Title
Billing address		
City	State	Zip code
		Phone number
<input type="checkbox"/> Individual/Sole proprietorship <input type="checkbox"/> General partnership* <input type="checkbox"/> Limited liability company* <input type="checkbox"/> Corporation* <input type="checkbox"/> Limited partnership* <input type="checkbox"/> Other _____		
<b>*If corporation, partnership, or LLC attach either articles of incorporation, partnership agreement, or LLC articles of organization</b>		
State of Incorporation	Date of Incorporation	
Briefly describe operation		
Year Began Farming (Producer)	Year Business Began (Agribusiness)	Federal ID number (or Social Security number, if individual)

SECTION B	Yes	No		Yes	No
Are there any unsatisfied judgments against you?			Are you a co-maker, co-signer, or guarantor on any financial obligations?		
Have you been declared bankrupt in the last ten years?			Are any accounts past due?		
Are you a defendant in any pending lawsuit?					
If you have answered "Yes" to any of the above questions, please give details (Use separate sheet if necessary).					

## PRINCIPAL INFORMATION (each principal should complete separate application)

Principal name+ Address/City/State/Zip code	Date of Birth	Social Security	Year Began Farming	Title (if corporation)	Ownership %

**+Provide legible copy of each principal(s) or guarantor(s) driver's license**

<b>SECTION C Credit References</b>					
Checking/Savings Name	Person to contact	Phone Number	City/State	Acct/Loan Number	Acct Balance:
					\$
Operating Lender Name					High \$
					Bal
Mortgage Holder Name					High \$
					Bal
Equipment contract holders/Other Name					High \$
					Bal
<b>INCOME SUMMARY</b> (Consolidated for all parties)			Fiscal Year End		
Crop Type(s)/Total Acres				Gross Crop Sales	
				\$	
Livestock Type(s)/ # Of Head				Gross Livestock Sales	
				\$	
Other Income/Describe				Total Other Sales	
				\$	

<b>SECTION D Balance Sheet</b>				<input type="checkbox"/> attached	Effective Date:
Assets		Liabilities and Net Worth			
Cash/Savings	\$	Operating Loan		\$	
Accounts Receivable		Accounts Payable			
Harvested Crops		Equipment Loans/Leases			
Investment in Growing Crops					
Livestock		Mortgage(s)			
Machinery And Equipment					
Vehicles		Other Liabilities			
Farm And Ranch Land		Total Liabilities		\$	
Other Assets		Total Net Worth		\$	
Total Assets	\$	Total Liabilities and Net Worth		\$	

<b>EQUIPMENT AND LAND PAYMENT(S) (next 12 months)</b>					
Equipment Payments	\$	Land Payments	\$	Other	\$

<b>SECTION E Lease Pricing And Equipment</b>				Delay Period Months (if any)	
Lease Rate Factor	Scheduled Lease Term (in months)	Rental amount	Rental Frequency (ann, semi, qtrly, mnthly, hrvt ann, hrvt semi, hrvt qtrly, hrvt mnthly, irrglr)	Attached to Real Estate? <b>If yes, include legal land description including township, section, range, quarter, etc.</b>	Yes <input type="checkbox"/>
		\$			No <input type="checkbox"/>
Vendor name		Contact		Phone	

<b>EQUIPMENT AND LEASE OPTIONS</b>					<input type="checkbox"/> See Exhibit A
Asset #	New/Used	Quantity/Yr/Make/Model/Description/Serial#	Equipment Cost	FPO or TRAC amount by asset if applicable	
1.			\$	%	
				\$	
2.			\$	%	
				\$	
3.			\$	%	
				\$	
Sales Tax (if applicable)			\$		
Total Net Equipment Cost/ Total Residual			\$	\$	