



1. Please Print Out & Read
 2. Fill Out Highlighted Areas & Sign
 3. Scan & Email or Fax 309.392.2198
- Back with Copy of Drivers Licence

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

Dealer Name: Cross Implement Contact: _____ Phone: 309.392.2150

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 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 \$175,000)

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 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 NO

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