



APPLICATION - EQUIPMENT/PMSI  
Limited to VR Participating Retailer's Trade Area



<b>Retailer:</b> Landmark Services Cooperative	<b>Loan Amount Requested:</b> \$	<b>Referred By:</b>
<b>Applicant is a:</b> <input type="checkbox"/> Joint Operation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <sup>1</sup> <input type="checkbox"/> Corporation <sup>1</sup> <input type="checkbox"/> Limited Liability Company <sup>1</sup>		<input type="checkbox"/> Loan <input type="checkbox"/> Lease
<sup>1</sup> Submit legal entity documents with application.		
<b>Description of Equipment to be purchased/refinanced:</b> <b>Purchase price:</b>		
<input type="checkbox"/> Attach copy of Purchase Agreement (if applicable) <input type="checkbox"/> Attach copy of Loan Stmt (if applicable)		

**Section 1:** (Required by all applicants)

<b>A P P L I C A N T</b>	<b>Entity Name:</b>		<b>Entity TIN:</b>		
	<b>Applicant's (Legal) First Name:</b>		<b>Middle Initial:</b>	<b>Last Name:</b>	
	<b>SS#:</b>	<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
	<b>County of Residence:</b>		<b>No. of yrs at residence:</b>	<b>Counties farmed in:</b>	
	<b>Home Phone:</b>		<b>Cell:</b>	<b>e-mail:</b>	
	<b>Date of Birth:</b>		<b>Yr Began Farming:</b>	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single	
	<b>Co-App/Spouse (Legal) First Name:</b>		<b>MI:</b>	<b>Last Name:</b>	
	<b>SS#:</b>	<b>Date of Birth:</b>	<b>Yr Began Farming:</b>		

**SUMMARY OF FINANCIAL POSITION AS OF BALANCE SHEET DATED (INSERT DATE)**

Income	Assets	Liabilities
Gross Farm Income: \$	Current Assets: \$	Current Liabilities: \$
Non-Farm Income: \$	Non-Current Assets: \$	Term Liabilities: \$
Source of Non Farm Income:	<b>Total Assets: \$</b>	<b>Total Liabilities: \$</b>
	<b>Net Worth: \$</b>	

**NOTE:** If loan request or TLO > \$200,000, applicant is to submit expanded **SIGNED** balance sheet dated within 60 days of the application date and 3 Yrs Tax Returns

**INSURANCE INFORMATION**

<b>Insurance Agency Name:</b> <input type="checkbox"/> None	<b>Agent Name:</b>
<b>Insurance Agency Address:</b>	<b>Phone:</b>

SELECT YOUR RATE/TERM OPTION	
<b>Variable Rate</b>	<b>Fixed Rate</b>
<input type="checkbox"/> 2 Years	<input type="checkbox"/> 2 Years
<input type="checkbox"/> 3 Years	<input type="checkbox"/> 3 Years
<input type="checkbox"/> 4 Years	<input type="checkbox"/> 4 Years
<input type="checkbox"/> 5 Years	<input type="checkbox"/> 5 Years
<input type="checkbox"/> 7 Years	<input type="checkbox"/> 7 Years

SELECT PAYMENT FREQUENCY	
<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual
1 <sup>st</sup> Payment Date:	

**Disclosures, Signatures and Authorizations**

By signing below, I/we certify that this information, together with any additional information provided, is a true, correct and complete statement of our financial condition as of the date indicated and that our financial condition has not materially changed. I/We hereby authorize AgQuest/Verity/Northland Capital to request any Protected Information and/or Personally Identifiable Information including but not limited to my farming operation, insurance policies acquired from Policy Company, USDA, Comprehensive Information Management System, or any agent that is protected from disclosure by the Privacy Act, section 502© of the Federal Crop Insurance Act (Act) or any applicable statute. I/We consent to any credit and employment investigation (both in the current and future years) necessary to act on or verify the supplied information. Upon receipt of the application, applicant(s) shall be notified by a representative of AgQuest/Verity or the Participating Retailer as to any additional information needed to formalize applicant's loan request.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

**For Internal Use Only**

Loan Date: _____	Term LR # _____	Analyst _____	<input type="checkbox"/> AIMS	<input type="checkbox"/> Lien EM/Web/FX	<input type="checkbox"/> Credit Bureau - Score _____
<b>Loan Purpose:</b>	<b>BRM:</b>	<b>Relationship CODE:</b>			