



**IRRIGATION FINANCE SOLUTIONS, LLC (IFS)**

14010 FNB PARKWAY, SUITE 400 OMAHA, NE 68154  
PHONE: 1-800-552-1955 FAX: 1-888-925-7828

Dealer Name \_\_\_\_\_

**AGRICULTURAL CREDIT APPLICATION**

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

Business Style: <input type="checkbox"/> Ind./Proprietorship <input type="checkbox"/> Ptnrship <input type="checkbox"/> Ltd. Ptnrship <input type="checkbox"/> Corp. <input type="checkbox"/> L.L.C. (Attach articles & operating agreement) <input type="checkbox"/> Trust (Attach trust 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)	Date of Birth	Soc. Sec. #/ Fed I.D. #	Telephone Number	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	
Legal Name (Co-Applicant)	Date of Birth	Soc. Sec. #/ Fed I.D. #	Telephone Number	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	
Mailing Address (including street address)	City	County	State	Zip Code	
Principal Banking Relationship		Person to Contact	Telephone Number	Checking Acct. #	
* Names of Partners, Shareholders or Members		Address, City, State	Soc. Sec. # / Fed ID #	% Owned / Title	
<b>*State of Incorporation or Organization (Required)</b> _____					
# of Years Farming		# of Acres Owned		# of Acres Rented	
		Irrigated	Non-Irrigated	Irrigated	Non-Irrigated
Farm Income - Crops			Farm Income - Livestock		
Crops	Acres	Marketing Date	Livestock	# of Head	Marketing Date
Other Income	Employer Name/Income Source	Position	Years Employed	Annual Income \$	Telephone #

Are your gross annual revenues more than \$ 1 million?..... <input type="checkbox"/> YES <input type="checkbox"/> NO	How will this pivot be used?
Do you carry crop insurance?..... <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Replacement of existing pivot <input type="checkbox"/> Conversion from flood irrigation
	<input type="checkbox"/> Replacement of other irrigation equipment <input type="checkbox"/> Development of dry land, CRP

REFERENCES	Name	Person to Contact	Telephone #	Town	State
Primary Lender					
Fertilizer/Chemical Dealer					
Equipment Finance Co.					
Mortgage Holder					

Are there any unsatisfied judgments against you?..... <input type="checkbox"/> YES <input type="checkbox"/> NO	Does anyone else own an interest in the property listed?..... <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been declared bankrupt in the last 10 years? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a co-maker, co-signer or guarantor on any loan contracts? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a defendant in any pending lawsuit?..... <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOTE: Attach Explanation for any YES answers to the preceding questions.</b>

<b>IFS PHYSICAL DAMAGE INSURANCE</b> <input type="checkbox"/> Yes, I would like a premium quote <input type="checkbox"/> No, but I will provide proof of my coverage	<b>IFS DEBT REDUCTION LIFE INSURANCE</b> <input type="checkbox"/> Yes, I would like a premium quote <input type="checkbox"/> No, I am not interested
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If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact (IFS at 800-552-1955) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: 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 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. The federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission Equal Credit Opportunity, Washington, D.C., 20580.

The USA PATRIOT Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

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 the above bank and business references to give any and all necessary information 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 hereby authorize IFS, 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 IFS may grant to us.

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

**PLEASE ATTACH COPY OF CURRENT FINANCIAL STATEMENT FROM OPERATING LENDER  
OR COMPLETE THE FOLLOWING FINANCIAL STATEMENT**

Financial Statement as of (date) \_\_\_\_\_ for:  Individual  Partnership  Limited Partnership  Corporation  LLC  Trust

Name(s)		Address:			
		Phone ( )			
<b>CURRENT ASSETS</b>		<b>CURRENT LIABILITIES</b>			
Cash		Accounts Payable (gas, feed, repairs, vet, etc)			
Accounts Receivable (Custom Work, Etc.)		Notes Due to Bank * Operating			
Marketable Bonds and Securities		* Livestock			
Crops or Feed on Hand (list):		Notes to Others			
Livestock Held for Sale (list):		CCC Loans			
		Credit Cards			
		Taxes Due			
Cash Invested in Growing Crops		Rent			
Notes Receivable		Other Debts Due within 12 Months			
Other Current Assets		Lease Payments			
Total---Current Assets		Total---Current Liabilities			
<b>INTERMEDIATE TERM ASSETS</b>		<b>INTERMEDIATE TERM LIABILITIES</b>			
Cash Value Life Insurance		PAYABLE TO	SECURED BY	RATE	PAYMENT
Vehicles				%	
Machinery and Equipment				%	
Breeding Stock				%	
				%	
IRA/Keogh				%	
Securities (not readily marketable)				%	
Personal Property		Lease Payments Due Beyond 1 Year			
Other Intermediate Assets		Other Intermediate Term Liabilities			
Total ---Intermediate Assets		Total ---Intermediate Liabilities			
<b>LONG TERM OR FIXED ASSETS</b>		<b>LONG TERM LIABILITIES</b>			
Farm Real Estate (Schedule A*)		Real Estate Mortgages (Schedule A*)			
Other Real Estate		Total---Long Term Liabilities			
		TOTAL LIABILITIES			
Total---Fixed Assets		PRESENT NET WORTH			
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH			

**\* SCHEDULE A—Real Estate Owned or Rented**

Owned Acres	Year Purchased	Cost	Present Value	Mortgage Amount	Mortgageholder	Rate	Payment
		\$	\$	\$		%	\$
						%	
						%	
						%	
Rented	Terms of Land Lease	Lease Expires	Landlord	Relation			

Signed X \_\_\_\_\_ Date \_\_\_\_\_ Signed X \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY SUPPLIER**

EQUIPMENT DESCRIPTION				PROGRAM TERMS				
New/Used	Year/Make	Model	Serial #	Price	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
				\$	<b>CONTRACT:</b>			
					Down Payment			
					Rate	Payment Factor		
Trade-in				( )	Term	Plan		
				TOTAL SALES PRICE \$	<b>LEASE:</b>			
Dealer:				Phone ( )	Security Deposit	Advance Payment		
Address:					Remaining Payment Factor			
Salesman:					Term	Plan		

**COMPLETE FOR IRRIGATION EQUIPMENT OR OTHER EQUIPMENT TO BE ATTACHED TO REAL ESTATE**

Exact Legal Description:	Name & Address of: <input type="checkbox"/> Mortgageholder <input type="checkbox"/> Contractholder <input type="checkbox"/> Landlord <input type="checkbox"/> Trust & Trustee
County:	State: