

## Application Instructions

Please read this before filling out the application.

- Lines with red asterisks preceding indicate that line, and all boxes in that line, are required.
- “Physical Address of Residence” is required ONLY if the mailing address you listed is a P.O. box.
- If you have a co-applicant you must also list the full name and social security number of the co-applicant. There is no box for this, so find a space to pen it in.

Once you have filled out the form call County Tractor at 573-996-7122 to get our fax number. Fax is preferred, but you can also mail your application to:

County Tractor  
RR 3 Box 5311  
Doniphan, MO 63935

If you have any questions call 573-996-7122, or email us at [countytractor@alltel.net](mailto:countytractor@alltel.net).

*	APPLICANT'S NAME (Last, First, Middle)		US CITIZEN YES <input type="checkbox"/>	SOCIAL SEC. NO.	DATE OF BIRTH	HAVE YOU EVER USED AAC BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES		
			NO <input type="checkbox"/>					
*	MAILING ADDRESS			CITY		STATE	ZIP CODE	
(Opt.)	PHYSICAL ADDRESS OF RESIDENCE (If Different Than Mailing Address)			COUNTY (REQUIRED)		E-MAIL ADDRESS		
*	HOME TELEPHONE NUMBER		MARITAL STATUS		PARTNER STATUS		YRS AT CURRENT ADDRESS	
	WORK OR CELL TELEPHONE NUMBER		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		<input type="checkbox"/> Registered Domestic Partnership			
G	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		CITY	STATE	TELEPHONE NUMBER		RELATIONSHIP	
*	LEGAL NAME OF BUSINESS UNDER WHICH YOU OPERATE		TYPE OF BUSINESS <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> CORPORATION					
			<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> OTHER (Please specify) _____					
E	FED TAX ID#		ORGANIZATION ID#		STATE OF ORGANIZATION			
	IF BUSINESS TYPE IS PARTNERSHIP, LLC OR CORPORATION, PLEASE PROVIDE INFORMATION FOR ALL PARTNERS, MANAGERS OR OFFICERS, EACH OF WHOM MUST SIGN AND DATE APPLICATION							
R	PARTNER/OFFICER/MANAGER	SOCIAL SEC NO.	RESIDENCE (CITY, STATE.)	DATE OF BIRTH	TELEPHONE	% OWNED	TITLE	
L	LOCATION OF CHIEF EXECUTIVE OFFICE: CITY STATE							
	EQUIPMENT USE: FARM ___% CUSTOM WORK ___% FORESTRY ___% CONSTRUCTION/COMMERCIAL ___% INDUSTRIAL ___% RENTAL YARD ___% PERSONAL/FAMILY/HOUSEHOLD ___% OTHER ___% (Please describe)							
*	YEARS IN BUSINESS		COUNTY & STATE IN WHICH EQUIPMENT WILL BE KEPT					
	IF YOU INTEND TO APPLY FOR JOINT CREDIT, APPLICANT AND CO-APPLICANT PLEASE INITIAL HERE.							
E	Applicant _____			Co-Applicant _____				
	<b>APPLICANT AND CO-APPLICANT/GUARANTOR PROVIDE INFORMATION BELOW AND SIGN AND DATE APPLICATION</b>							
R		PRIMARY LENDER NAME	CITY, STATE	YEAR	TELEPHONE	CONTACT		
	OPERATING							
	MACHINERY							
	BANK							
L	EMPLOYER		CITY, STATE			YEARS	ANNUAL GROSS INCOME	
(Opt.)	OTHER INCOME (Alimony, Child Support, Or Maintenance Need Not Be Revealed If You Do Not Wish It To Be Considered In Determining Your Credit Worthiness)							
	SOURCE OF OTHER INCOME			SOURCE OF OTHER INCOME				
AMOUNT \$		FREQUENCY		AMOUNT \$		FREQUENCY		
COMPLETE THE SECTION BELOW IF YOU HAVE INCOME FROM AGRICULTURE								
A	DO YOU FARM?	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	# OF ACRES OWNED ____	# OF ACRES RENTED			
		KIND OF CROP/LIVESTOCK	NO. OF ACRES	INCOME DATE	ESTIMATED AMOUNT	OTHER INCOME	AMOUNT	
G	SEASONAL				\$		\$	
	INCOME				\$		\$	
Are there any bankruptcies filed in the past 10 years or any outstanding liens or judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach an explanation for any yes answer.								
IF LOAN IS > \$100,000 AND < \$250,000		TOTAL ASSETS \$	TOTAL LIABILITIES \$		STATEMENT AS OF (MM/DD/YY)			
<p><b>By signing below, I, whether signing individually as an Applicant, Co-Applicant or guarantor or as officer, partner or manager of the Applicant or Co-Applicant and whether or not I am personally liable for any credit: (1) affirm that the information provided in this application is true and correct and given for the purpose of obtaining credit; (2) instruct and authorize Agricredit Acceptance LLC ("AAC") to check credit, contact references, and verify listed employment history and answer questions about AAC's credit experience with Applicant, Co-Applicant and me; (3) instruct and authorize AAC to obtain consumer reports on me, in AAC's sole discretion, as part of this application and while any credit granted as a result of this application remains unpaid; and (4) acknowledge that AAC may retain any information obtained as part of the application process whether or not the requested credit is granted. If this application is primarily for personal, family or household purposes, I acknowledge having received and read the additional disclosures included on Page 3 of this application. I consent to AAC sharing with others information concerning me and AAC's decision whether or not to extend credit, if any, in accordance with applicable law.</b></p>								
<b>APPLICANT</b>				<b>CO-APPLICANT</b>				
*	Signature (Individual)			Date		Signature (Individual)		Date
*	Signature			Title/Capacity		Signature		Date
	(Indicate Partner/Officer/Manager/Guarantor)					(Indicate Partner/Officer/Manager/Guarantor)		

**(Please go on to next page if this application amount PLUS all existing debt payable to Agricredit Acceptance LLC, its agents, servicers, affiliates and assigns is \$250,000 or more.)**

**ALSO IF**