

Hay and Forage Division LEXION Combine Division

Dealer Name: _____ Sales Person: _____ Phone #: _____

Primary Applicant

Business or Legal Name: _____
 Entity Type: Ind./Prop. General Partnership Ltd. Partnership
 LLC Corporation Trust
 Birth Date (Ind.): _____ SSN/TN: _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

Co-Applicant

Business or Legal Name: _____
 Entity Type: Ind./Prop. General Partnership Ltd. Partnership
 LLC Corporation Trust
 Birth Date (Ind.): _____ SSN/TN: _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

Applicant Main Contact: Phone: _____ Cell: _____ Fax: _____

Names of Partners, Shareholders or Members (if not individual)

Name:	Address/City/State:	Title:	% Owned:	SSN:
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____

State of Registration of Business: _____

General Financial Information

<u>Gross Farm Revenue:</u>		<u>Net Farm Revenue:</u>	
Last Year _____	Est. This Year _____	Last Year _____	Est. This Year _____
Yrs in Farming: _____	Type of Crops: _____	# Acres Owned: _____	# Acres Rented: _____
Type of Livestock/# of Head: _____			
Other Income \$ _____ Position/Source: _____ Tenure: _____			

Credit References

Reference Name:	Contact:	Phone #:	City/State:
Bank/Primary Lender: _____	_____	_____	_____
Real Estate Lender: _____	_____	_____	_____
Equipment Finance Co: _____	_____	_____	_____

Are there any unsatisfied judgments against you? Yes No
 Have you ever declared bankruptcy? Yes No
 Are you a defendant in any pending lawsuit? Yes No
 Are you currently past due or delinquent on any debt? Yes No
 Do you or have you had any contracts with us? Yes No
 Do you have any assets held in trust? Yes No
 Have you guaranteed debt for others? Yes No

For the purpose of obtaining credit, I (we) certify to CLAAS Financial Services, LLC (collectively referred to as "CFS") that all information in this statement is true and correct and accurately describes my (our) financial condition as of date shown, and that there have been no material changes since then. I (we) grant permission to CFS to verify all information in this statement and to provide any information requested by my (our) creditors. I also grant CFS permission to obtain a credit report on me in connection with this transaction for all legitimate purposes. Such purposes include assisting in making a credit decision, reviewing my account, and assisting in taking collection activity. I (we) also grant permission to those creditors to provide all information requested by CFS. I (we) also authorize CFS to share all the foregoing information with its affiliates. I (we) release and waive all claims against CFS and my (our) other creditors for all acts or omissions which occur in verifying the above information.

ECOA NOTICE: DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT). If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Credit Manager, CLAAS Financial Services, LLC, 475 Sansome Street, 19th Floor, San Francisco, CA 94111, 866-657-1442 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for 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 the creditor is the Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.

Primary Applicant Signature: _____ Date _____