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 Kansas City, MO 64152
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AGRICULTURAL CREDIT APPLICATION

Lease Contract **Applicant Type:** Ind./Proprietorship Gen. Part. Ltd. Part. LLC Corp. Trust

GENERAL INFORMATION

Legal Name (Ind.) _____	Legal Name (Ind.) _____
Date of Birth _____ SS# _____	Date of Birth _____ SS# _____
Marital Status Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/>	Marital Status Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/>
Legal Name (Company/Business) _____	Fed. Tax ID # _____
Current Address _____ City _____ County _____ State _____ Zip _____	
Mailing Address _____ City _____ County _____ State _____ Zip _____	
Years in Farming _____ Phone # _____ Cell Phone # _____ Fax # _____ Contact Person _____	

NAMES OF PARTNERS, SHAREHOLDERS OR MEMBERS

Name _____	Address _____	Title _____	% Owned _____	S.S.# _____
Name _____	Address _____	Title _____	% Owned _____	S.S.# _____
State of Incorporation or Organization (Required) _____				

FARM INCOME

Type of Crops _____	
Type of Livestock / # of Head _____	
Annual Income _____	# Acres Owned _____ # Acres Rented _____
Other Employment _____	Position/Source _____ Tenure _____

CREDIT REFERENCES

Bank / Primary Lender _____	Contact _____	Phone # _____	City _____	State _____
Real Estate Lender _____	Contact _____	Phone # _____	City _____	State _____
Equipment Finance Co. _____	Contact _____	Phone # _____	City _____	State _____

MINIMUM LIABILITY INSURANCE REQUIREMENTS (For lease requests only. Both bodily injury and property damage.)

\$500,000 for ag implement and irrigation \$1,000,000 for sprayers, floaters, spreaders, titled vehicles, and titled trailers

CHECK YES OR NO

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

PLEASE COMPLETE IF REQUEST IS > \$25,000

Total Assets \$ _____	Total Liabilities \$ _____	Date of Statement ____ / ____ / ____
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IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, 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.

SIGN AND DATE BELOW

I/We understand that Security Leasing Services, Inc. (SLS) may assign or transfer this credit application to others to reach a credit decision. As both individuals and principals, I/we authorize SLS to obtain from time to time any information necessary to process this credit application and service this transaction, including, but not limited to, copies of credit reports, balance sheets, cash flows and other financial statements, and authorize any credit reporting agency, bank, lender or other references to give any and all necessary information to SLS, its assignees or transferees. This application and financial statement is given for the purpose of obtaining credit. I/We hereby certify under penalty of law that this application, along with any accompanying financial information that I/we have provided, 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 SLS immediately in writing. I/we request SLS, its assignees or transferees, notify the seller or supplier of the equipment of the acceptance or rejection of this application. I/We hereby authorize SLS and its employees, assignees, transferees, and agents to perform either or both of the following: (i) sign or authenticate one or more Financing Statements and amendments thereto regarding (a) the requested financing, and (b) any subsequent financing requested by Applicant, (ii) have same filed or recorded. I/we also agree to receive notices, advertisements, announcements, brochures and other information from Security Leasing Services, Inc. via facsimile from the following numbers: 816-587-7455 / 816-587-7567 / 816-587-9189 as well as by telephone or e-mail. I/we further agree that my/our express permission to fax, telephone or e-mail such notices and other information to me/us will continue and have no date of expiration.

SIGNED: _____ DATE: _____ I intend to apply for joint credit Yes No

SIGNED: _____ DATE: _____ I intend to apply for joint credit Yes No

IF REQUEST IS FOR VEHICLE/TRAILER LEASE OR OVER \$25,000 COMPLETE THE NEXT PAGE



**IF REQUEST IS OVER \$25,000 COMPLETE THE FORM BELOW
(OR ATTACH FINANCIAL STATEMENT)**

As of (date) _____ Legal Name: _____

ASSETS		\$ Amount	LIABILITIES		\$ Amount
Cash		_____	Accounts Payable		_____
Accounts Receivable		_____	Livestock Loans		_____
Marketable Securities		_____	Crop Loans		_____
Crops in Inventory		_____	Payments on Term Loans due in 12 months		_____
Growing Crops		_____	Credit Cards		_____
Market Livestock		_____	Equipment Loans		_____
Breeding Livestock		_____	Mortgages		_____
Machinery & Equipment		_____	Other: _____		_____
Vehicles		_____	Other: _____		_____
Land & Buildings _____ Acres		_____			
Other: _____		_____			
Other: _____		_____			
	TOTAL ASSETS	_____		TOTAL LIABILITIES	_____
				NET WORTH (TA - TL)	_____
				TOTAL LIABILITIES AND NET WORTH	_____

IF REQUEST IS FOR A VEHICLE, TRAILER OR TANKER LEASE COMPLETE THE FORM BELOW

State in which vehicle will be titled and registered?	_____
County in which vehicle will be titled and registered?	_____
Vehicle use radius (check primary one):	<input type="checkbox"/> Local (less than 50 miles) <input type="checkbox"/> Intermediate (51-300 miles) <input type="checkbox"/> Long-haul (over 300miles)
Is applicant a "freight and/or passenger motor carrier*"? <small>(*Subject to minimum liability limits in 49 CFR 387.303)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will vehicle be used to transport (check all that apply):	<input type="checkbox"/> Hazardous substances <input type="checkbox"/> Passengers
Include a general statement of proposed use (i.e., goods hauled and/or service provided)	

APPLICATION CHECKLIST

- 1. Application and worksheet
- 2. Current financial statement (Complete above or attach if request is over \$25,000.)
- 3. Signed Sales Contract
- 4. Copies of the last (3) years Federal Income Tax Returns if the total owed to Security Leasing Services, Inc. after this new request is **\$75,000 or more**

Equipment must be used exclusively for agricultural or commercial business purposes.

Security Leasing Services, Inc. in its sole discretion, reserves the right to require additional financial information on any application.

All applications are subject to credit approval by Security Leasing Services, Inc..