



Flex for the Future

Equipment Lease Application
 accompany with:

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P.O. Box 7438 • Rochester MN 55903 (Regular Mail)
 3555 9th St NW • Rochester MN 55901 (Express Mail)

Phone: 866-529-2080
FAX: 507-288-7735

BUSINESS/INDIVIDUAL INFORMATION

Business/Individual Name:		Contact:	Telephone:
		E-mail:	FAX:
Business/Individual Address:		City/State/Zip:	County:
Fed. Tax ID/Social Sec. #:		Description of Business and/or Custom Services:	
<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> General Partnership*	<input type="checkbox"/> Limited Liability Corporation*	
<input type="checkbox"/> Corporation*	<input type="checkbox"/> Limited Partnership*	<input type="checkbox"/> Other_____	
*Attach Articles of Incorporation and/or Partnership Agreement required on requests over \$100,000			

OWNERSHIP/OFFICERS (if corporation or partnership)

Principal/Officer:	Home Address:	% Owned:	Soc. Sec #:
			Title:
Principal/Officer:	Home Address:	% Owned:	Soc. Sec #:
			Title:

HISTORY & FINANCIAL INFORMATION

Years in Business:	Years at Current Address:	Date of Birth:	Existing Client?	Total Assets:
Gross Farm Income: \$	Net Farm Income: \$	Net Non Farm Income: \$	Source of Non Farm Income?	Total Liabilities:

If a Corporation or Partnership, provide financial information for that entity along with individual owners information, using Co-Applicant section provided on page 2.

Total AgStar leases & loans outstanding, including amount of this application:

- ≤ \$100,000 complete first page of application (co-applicant info. on page 2 if applicable).
- ≥ \$100,000 complete entire application (including page 2), and attach supporting detailed schedules of assets & liabilities listed on balance sheet, plus provide 3 years tax returns. If business has changed significantly from the previous three years. provide

Insurance Carrier * _____ **Contact** _____ **Phone #** _____

● Insurance requirements are to have AgStar Financial Services, ACA listed as Lessor/Lender Loss Payee to cover property physical damage and AgStar Financial Services, ACA listed as Additional Named Insured (leases only) to cover general liability. Liability minimums are \$300,000 (\$1,000,000 if Gross Income is greater than \$500,000 or gross vehicle weight is 15,000 lbs. or more).

	Yes	No		Yes	No
Are there any unsatisfied judgments against you?			Have you ever declared bankruptcy?		
Are you a defendant in any pending lawsuits?			Are any accounts past due?		
If you have answered "Yes" to any of the above questions, please give details (use separate sheet if necessary):					

SIGNATURES AND AUTHORIZATIONS

I (We) certify that the information provided is correct to the best of my (our) knowledge. I (We) understand that I (We) may be required to supply additional information and to provide security for the requested financing. In conjunction with this application, I (We) agree and consent that dealer/broker/lender/lessor may obtain a credit report or and any other information relating to my (our) financial position. Any person or firm is hereby authorized to provide such information requested by dealer/broker/lender/lessor.

X _____ X _____

Applicant's Signature	Date	Co-Applicant's Signature	Date
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CURRENT BALANCE SHEET (may substitute existing detailed balance sheet if less than 180 days old)

Assets		Liabilities & Net Worth	
Cash & Non-Retirement Savings		Operating Lender:	
Accounts Receivable		Accounts Payable	Name:
Other Liquid Assets			Name:
Harvested Crops	Type:		Credit Card Debt:
	Type:		
Investment in Growing Crops		Equipment Loans/Leases	Lender/Lessor:
Livestock	Count/Type:		Lender/Lessor:
	Count/Type:		
Machinery, Equipment, Vehicles		Other Liabilities	Type:
	Acres/Descriptions/Improv		Type:
Farm & Ranch Land		Mortgage's & Land Contract's	Bank/Ins. Co./Farm Credit
			FSA/FMHA
			C/D or other (List):
Retirement Savings			
Other Assets	Type:	Total Liabilities	\$
	Type:	Total Net Worth	\$
Total Assets	\$	Total Liabilities and Net Worth	\$

TERM DEBT & LEASE PAYMENTS - equipment loan or lease, land pmts, etc. (due next 12 months)

Equipment Loan & Lease Payments: \$	Land Payments: \$	Other Term Debt Payments: \$
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CREDIT REFERENCES

	Institution	Person to Contact	Phone Number	City/State	\$ Balance Owed
Operating Lender					
Primary Input Supplier					
Real Estate Mortgage					
Equipment Loan/Lease					

CROP & LIVESTOCK PLAN

Growing Crop Next 12 Months	Irrigated or Non Irrigated	Acres Owned Per Crop	Acres Rented Per Crop	Custom Hire Revenue	Livestock for Sale Next 12 Months	Number of Head

CO-APPLICANT INFORMATION

Business/Individual Name:	Contact:	Telephone:
	E-mail:	FAX:
Business/Individual Address:	City/State/Zip:	County:
Fed. Tax ID/Social Sec. #:	Relationship to Applicant:	

CO-APPLICANT HISTORY & FINANCIAL INFORMATION

Years in Business:	Years at Current Address:	Date of Birth:	Existing Client?	Total Assets:
Gross Farm Income: \$	Net Farm Income: \$	Net Non Farm Income: \$	Source of Non Farm Income?	Total Liabilities:

