



| | APPLICANT'S NAME (Last, First, Middle) | | SOCIAL SECURITY NO. | | | DATE OF BIRTH (MM/DD/YYYY) / / | | TELEPHONE NUMBER | | |
|--------------------------|---|--|--------------------------|------------------------------|--|--|-----------------------|---------------------------|---------------------------|--|
| GENERAL | MAILING ADDRESS | | | CITY | | | STATE | ZIP | | |
| | PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING) | | | COUNTY (R | (REQUIRED) COUNTY AND STATE OF WHE | | AND STATE OF WHERE | RE EQUIPMENT WILL BE KEPT | | |
| | | IF NO, PERMANENT RESIDEN' ☐ YES ☐ NO | | UNMARRIED | | DO YOU FARM? FULL TIME PART TIME | | # OF ACRES OWNED/RENTED | | |
| | FARM% CONSTRUCTION/CO EQUIPMENT USE: CUSTOM WORK% INDUSTRIAL% FORESTRY% RENTAL YARD | | | | | 0 | | | YEARS IN FARMING BUSINESS | |
| | LEGAL NAME UNDER WHICH YOU OPERATE IF PARTNERSHIP, LLC OR CORF | | | | PORATIONS: YEARS IN BUSINESS | | | | | |
| | FED TAX ID ORGAN | | | ORGANIZATION ID | | STATE OF ORGANIZATION | | | | |
| હ | TYPE OF BUSINESS LIMITED PARTNERSHIP LIMITEDLIABILITY COMPANY (LLC) CORPORATION INDIVIDUAL GENERAL PARTNERSHIP OTHER (Please specify) | | | | | | | | | |
| Buye | TYPE OF BUSINESS LIL | .IMITED PARTNERSHIP UN | MITED EIABIETT CONFANT, | (LLC) LICOR | PORATION INDIVIDUA | L GENER | RAL PARTNERSHIP | OTHER (Please spec | ify) | |
| or Co-Buye | _ | IMITED PARTNERSHIP ☐ LIN *AT LEAST ONE OWNER WITH | PRII | NCIPAL / OWN | IERSHIP INFORMATION | | | | ify) | |
| SINESS or Co-Buye | _ | *AT LEAST ONE OWNER WITH | PRII 25% OR MORE OWNI | NCIPAL / OWN ERSHIP INTER | IERSHIP INFORMATION | | E THIS SECTION IN ITS | | TITLE | |
| BUSINESS or Co-Buyer(s) | * | *AT LEAST ONE OWNER WITH | PRII 25% OR MORE OWNI | NCIPAL / OWN ERSHIP INTER | IERSHIP INFORMATION REST IN APPLICANT MUS | T COMPLET | E THIS SECTION IN ITS | ENTIRETY** | | |
| BUSINESS or Co-Buye | * | *AT LEAST ONE OWNER WITH | PRII 25% OR MORE OWNI | NCIPAL / OWN ERSHIP INTER | IERSHIP INFORMATION REST IN APPLICANT MUS | T COMPLET | E THIS SECTION IN ITS | ENTIRETY** | | |
| BANK BUSINESS or Co-Buye | * | *AT LEAST ONE OWNER WITH SOCIAL SEC NO. / TAX ID | PRII 25% OR MORE OWNI | NCIPAL / OWN ERSHIP INTER | IERSHIP INFORMATION REST IN APPLICANT MUS | T COMPLETI DATE OF BIRTH | E THIS SECTION IN ITS | ENTIRETY** | | |

NOTICE TO CALIFORNIA RESIDENTS: If married, you may apply for a separate account. NOTICE TO MAINE AND TENNESSEE RESIDENTS: You have the right of free choice in selecting the agent and insurer through or by which the insurance you obtain in connection with the credit you are applying for is placed. Your right offree choice is subject only to our right to approve the insurer you select on a reasonably non-discriminatory basis related to the solvency and assessment policies of the insurer and its ability to service the policy. Your choice of insurer will not affect the credit decision or credit terms in any way, except that we may impose reasonable requirements concerning the creditworthiness of the insurer and scope of coverage chosen. NOTICE TO NEW YORK AND RHODE ISLAND RESIDENTS: A consumer report may be requested in connection with this application. If you ask us, we will tell you whether or not a consumer report was requested, and, if it was, we will tell you the name and address of the consumer reporting agency that furnished the report. NOTICE TO OHIO RESIDENTS: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law. NOTICE TO MARRIED APPLICANTS RESIDING IN WISCONSIN: No provision of any marital property agreement, unilateral statement under section 766.59 Wis. Stats or court decree under section 766.70 Wis. Stats adversely affects the interests of the creditor unless the creditor prior to the time the credit is grantled, is furnished a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision when the obligation to the creditor is incurred. NOTICE TO ALL CUSTOMERS: USA PATRIOT Act—Customer Identification Program — Enacted to help the government fight the funding of terrorism and money laundering activities. Federal law requires all

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 AGCO Finance LLC and/or its affiliates and related parties ("AFC") to check credit, contact references, and verify listed employment history and answer questions about AFC's credit experience with Applicant, Co-Applicant and me; and authorize and instruct my references and current and former employers to release such information to AFC; (3) instruct and authorize AFC to obtain consumer reports on me, in AFC's sole discretion, as part of this application and while any credit granted as a result of this application remains unpaid; (4) authorize and direct AFC to share the results of any credit report, credit investigation or employment investigation (including the information contained in this application) with any dealer, manufacturer or other person assisting me in attempting to obtain an extension of credit (a "Dealer"); (5) authorize and direct AFC to use any such results to determine if I qualify for an offer of credit; (6) authorize and direct AFC to notify a Dealer about whether I qualify for any offers and the details of any such offers; (7) acknowledge that AFC may retain any information obtained as part of the application process whether or not the requested credit is granted; (8) authorize AFC to prepare and file against Applicant, Co-Applicant and/or me, a financing statement in form and substance acceptable to AFC sufficient to perfect a security interest in collateral arising in connection with financing applied for herein; (9) authorize AFC to provide information about this transaction to others for the purpose of initiating, monitoring and servicing my account, and (10) authorize AFC to give a copy of this application to anyone who

| APPLICANT | | | CO-APPLI | | |
|-----------|---|------------|-----------|--|------------|
| Signature | (Individual) | Date | Signature | (Individual) | Date |
| Signature | Title/Capacity (Indicate Partner/Officer/Manager/Guaranto | Date r) | Signature | Title/Capacity (Indicate Partner/Officer/Manager/Guarar | Date ntor) |

If this application amount is \$250,000 or more, or if this application amount PLUS all existing debt payable to AGCO Finance LLC, its agents, servicers, affiliates and assigns are \$500,000, please provide fiscal year end income statement and balance sheet (personal and business).

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