

# Credit Application \*Required



DEALERSHIP NAME* <i>Motocultores, LLC</i>		STORE LOCATION* <i>Adjuntas, P.R.</i>		SALESPERSON* <i>Francisco Arroyo</i>	
APPLICANT TYPE: * <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> LIMITED PARTNERSHIP STATE OF ORGANIZATION* _____					
<b>Business Applicant Information—Please complete section in its entirety if applicant is a legal entity</b>					
LEGAL NAME OF BUSINESS		TAX ID NUMBER	BUSINESS PHONE	BUSINESS FAX	YEARS IN BUSINESS*
BUSINESS ADDRESS (PRINCIPAL OFFICE/HEADQUARTERS)			CITY	STATE	ZIP
<b>Individual Applicant Information OR If Business Applicant, Please Provide Information for Officers, Owners, or Partners (As Guarantors)</b>					
APPLICANT LEGAL NAME—AS IT APPEARS ON DRIVER'S LICENSE.* (INDIVIDUAL/OFFICER/OWNER/PARTNER)			CO-APPLICANT LEGAL NAME—AS IT APPEARS ON DRIVER'S LICENSE. (INDIVIDUAL/OFFICER/OWNER/PARTNER)		
IS ANY APPLICANT (I) THE CHIEF EXECUTIVE OFFICER OR PRESIDENT OF A FARM CREDIT BANK, OR (II) AN EMPLOYEE OR DIRECTOR OF THE FARM CREDIT ADMINISTRATION?*					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
APPLICANT SOCIAL SECURITY NO.* (TAXPAYER ID)		APPLICANT DATE OF BIRTH**		CO-APPLICANT SOCIAL SECURITY NO. (TAXPAYER ID)	
CO-APPLICANT DATE OF BIRTH**					
ADDRESS*			ADDRESS		
CITY*	STATE*	ZIP*	COUNTY*	CITY	STATE
ZIP	COUNTY	CITY	STATE	ZIP	COUNTY
HOME PHONE*		WORK PHONE	CELL PHONE	HOME PHONE	
WORK PHONE		CELL PHONE	HOME PHONE	WORK PHONE	
CELL PHONE					
EMAIL ADDRESS*			EMAIL ADDRESS		
YEAR BEGAN FARMING*	U.S. CITIZEN:*	ANNUAL SALARY*	YEAR BEGAN FARMING	U.S. CITIZEN:*	ANNUAL SALARY
	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF BUSINESS APPLICANT—% OWNED	IF BUSINESS APPLICANT—TITLE/OFFICE HELD	OTHER INCOME	IF BUSINESS APPLICANT—% OWNED	IF BUSINESS APPLICANT—TITLE/OFFICE HELD	OTHER INCOME
<b>Agriculture Income (Most Recent Full Year)</b>			<b>Type of Farming Operation</b>		
GROSS ANNUAL FARM INCOME*			PRIMARY FARM PRODUCTS* (EXAMPLE: CROP OR LIVESTOCK)		
<b>Transaction Information:</b>		<input checked="" type="checkbox"/> LOAN <input type="checkbox"/> LEASE* ♦		<b>Equipment Description</b>	
AMOUNT REQUESTED*	TERM (YEARS)*	RATE LOCK DAYS <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> EXTENDED CLOSING	RATE QUOTED	YEAR / MAKE / MODEL / SERIAL NUMBER OR VIN	
PAYMENTS <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL		REPAYMENT SCHEDULE BEGINNING (MONTH)			
TRANSACTION DETAILS (SALE PRICE, TRADE DESCRIPTION, NET TRADE ALLOWANCE, PAYOFF AMOUNT, CASH DOWN PAYMENT, SALES TAX/TAGS)*					
DEALER FEE	SPECIAL PROGRAM APPLIES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT PROGRAM?			
INSURANCE AGENT NAME			AGENT PHONE NUMBER		

NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED AT THE SOLE DISCRETION OF YOUR FARM CREDIT / AGCREDIT LENDER/LESSOR.

\*\*MUST BE 18 YEARS OF AGE OR OLDER

♦ LEASING IS NOT CURRENTLY OFFERED IN PUERTO RICO

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

DISCLOSURE INFO ON BACK PANEL.