



DEALER INFORMATION

Dealer _____ Sales Person _____ Cell phone _____

COMPANY INFORMATION

Full legal name of company			Financial Contact Person		
Course Name			Phone	Cell Phone	
Company Address			Fax		
City	State	Zip Code	E-mail address		
Billing Address (if different than above)			AP Contact Person		
City	State	Zip Code	Superintendent's Name		Phone #
Equipment Address (include county and state where Equipment will be kept)		County	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship
			<input type="checkbox"/> Sub S Corporation	<input type="checkbox"/> Municipality	<input type="checkbox"/> LLC
			<input type="checkbox"/> Other (please specify) _____		
City	State	Zip Code	DUNS# (if applicable)		Federal Tax ID#
Ownership Structure <input type="checkbox"/> Member owned <input type="checkbox"/> Management Group <input type="checkbox"/> Privately Owned			Years In Business		Years Under Current Owner
Name: _____			# of Owners: _____		
Type of Course: <input type="checkbox"/> Private <input type="checkbox"/> Semi - Private <input type="checkbox"/> Daily Fee		# of Holes _____	# of Members _____	Initiation Fee _____	
		Annual Dues _____	Annual Rounds _____	Greens Fees _____	

LOCATION OF CHIEF EXECUTIVE OFFICE: CITY _____ STATE _____

PRINCIPAL INFORMATION

Owner/officer(s) - Full Legal Name (Last, First, Middle)		Date of Birth		Owner/officer(s) - Full Legal Name (Last, First, Middle)		Date of Birth			
Social Security Number		Title		Social Security Number		Title			
Address			% of Owner		Address			% of Owner	
City	State	Zip Code	City	State	Zip Code	City	State	Zip Code	

IF YOU INTEND TO APPLY FOR JOINT CREDIT, APPLICANT AND CO-APPLICANT PLEASE INITIAL HERE.

Applicant _____ Co-Applicant _____

APPLICANT AND CO-APPLICANT/GUARANTOR PROVIDE INFORMATION BELOW AND SIGN AND DATE APPLICATION

BANK REFERENCE

Bank Name			
Address		Contact Name	Phone
Ck Account #	Date Opened	Borrowing Account #	Date Opened

EQUIPMENT INFORMATION

Term <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____	Purchase Option: <input type="checkbox"/> FMV <input type="checkbox"/> Loan <input type="checkbox"/> Other _____
Annual Hour Limits <input type="checkbox"/> 600 <input type="checkbox"/> 900 <input type="checkbox"/> Other _____	Equipment located <input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits
Equipment cost: \$ _____ *Please attach quotation from dealer(s)	Payment Schedule: <input type="checkbox"/> Monthly <input type="checkbox"/> Seasonal _____ (please indicate months)

You, the "Applicant" (which term includes the business entity as well as the undersigned individual(s), certify to us that Applicant is applying for credit for business reasons, and not for personal, family or household purposes. 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 Agricredit Acceptance LLC ("AAC") to check credit, contact references, and verify listed employment history and answer questions about AAC's credit experience with Applicant, Co-Applicant and me and hereby authorize all references listed above to release any and all such information to AAC; (3) instruct and authorize AAC to obtain consumer credit reports on me, in AAC's sole discretion, as part of this application and while any credit granted as a result of this application remains unpaid; and (4) acknowledge that AAC may retain any information obtained as part of the application process whether or not the requested credit is granted. I consent to AAC sharing with others information concerning me and AAC's decision whether or not to extend credit, if any, in accordance with applicable law.

Applicant

Co-Applicant

Signature _____	(Individual)	Date _____
Signature _____	Title/Capacity _____ (Indicate Partner/Officer/Manager/Guarantor)	Date _____

Signature _____	(Individual)	Date _____
Signature _____	Title/Capacity _____ (Indicate Partner/Officer/Manager/Guarantor)	Date _____