

Great Plains Acceptance Corporation

Agricultural Credit

Application

PO Box 226 • Salina, Kansas 67401

(Exceeding \$50,000 may require additional information)

Phone • 800-472-0166 • Fax: 800-627-1558

Applicant's Name (Last Name, First Name, Middle Name)			Birthdate	Social Security #
Current Address		City	State	Zip Code
Home Phone		Spouse's Name	Marital Status	Yrs/Mos at Current Address
Cell Phone				
Years in Farming	Full or Part Time	Purchaser is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Name of Partners or Officers	Social Security #'s

***** FINANCIAL INFORMATION *****

***** IF THIS SECTION IS NOT COMPLETED, GPAC CAN NOT PROCESS CREDIT APPLICATION *****

ACRES OWNED

ACRES RENTED

CROPS / KIND LIST SEPERATELY	PLANTED ACRES	LIVESTOCK # OF HEAD	SOURCE:		
			NON FARM INCOME	\$	
			TOTAL ASSETS	\$	
			TOTAL LIABILITIES	\$	
			BANK:		
			CITY & STATE:		

For Dealer Use Only or Attach Completed Purchase Order		DETAILS OF SALE				For Dealer Use Only or Attach Completed Purchase Order		
Seller's Name and City:			Telephone #:		Fax: #	Contact person:		
Dlr #								
New Product (Give Size and Description)		Model #	Serial #	Details of Sale				
				Total Cash Price:	\$			
					\$			
					\$			
Trade In (Give Size and Description)		Model #	Serial #	Trade-In Allowance:	\$			
				Balance:	\$			
				Taxes and Fees:	\$			
				Cash Down Pmt:	\$			
				Balance Due:	\$			
Terms:	Annual	Semi-Annual	Quarterly	Monthly	Std Rate	Low Rate	Interest Waiver Date	First Payment Due Date

For purposes of obtaining credit, I (we) certify that all the information in this credit application is true and correct and accurately describes my (our) financial condition as of the date this Credit application is signed as indicated below. I (we) also grant permission to my (our) other creditors to provide all information requested by Great Plains Acceptance Corporation. I (we) release and waive all claims against Great Plains Acceptance Corporation and my (our) other creditors for all acts or omissions which occur in verifying the above information.

Signature of Applicant: _____

Signature of Co-Applicant _____