

APPLICANT'S NAME (Last, First, Middle)		US CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	SOCIAL SEC. NO.	DATE OF BIRTH	HAVE YOU EVER USED Van's Co Imp LTD BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES	
MAILING ADDRESS			CITY	STATE	ZIP CODE	
PHYSICAL ADDRESS OF RESIDENCE (If Different Than Mailing Address)			COUNTY (REQUIRED)	E-MAIL ADDRESS		
HOME TELEPHONE NUMBER		MARITAL STATUS		PARTNER STATUS	YRS AT CURRENT ADDRESS	
WORK OR CELL TELEPHONE NUMBER		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		<input type="checkbox"/> Registered Domestic Partnership		
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		CITY	STATE	TELEPHONE NUMBER	RELATIONSHIP	
LEGAL NAME OF BUSINESS UNDER WHICH YOU OPERATE		TYPE OF BUSINESS <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> OTHER (Please specify) _____				
FED TAX ID#		ORGANIZATION ID#	STATE OF ORGANIZATION			
IF BUSINESS TYPE IS PARTNERSHIP, LLC OR CORPORATION, PLEASE PROVIDE INFORMATION FOR ALL PARTNERS, MANAGERS OR OFFICERS, EACH OF WHOM MUST SIGN AND DATE APPLICATION						
PARTNER/OFFICER/MANAGER	SOCIAL SEC NO.	RESIDENCE (CITY, STATE,)	DATE OF BIRTH	TELEPHONE	% OWNED	TITLE
LOCATION OF CHIEF EXECUTIVE OFFICE: CITY _____ STATE _____						
EQUIPMENT USE: FARM _____% CUSTOM WORK _____% FORESTRY _____% CONSTRUCTION/COMMERCIAL _____% INDUSTRIAL _____% RENTAL YARD _____% PERSONAL/FAMILY/HOUSEHOLD _____% OTHER _____% (Please describe)						
YEARS IN BUSINESS		COUNTY & STATE IN WHICH EQUIPMENT WILL BE KEPT				
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						
	PRIMARY LENDER NAME	CITY, STATE	YEAR	TELEPHONE	CONTACT	
OPERATING						
MACHINERY						
BANK						
EMPLOYER	CITY, STATE			YEARS	ANNUAL GROSS INCOME	
OTHER INCOME (Alimony, Child Support, Or Maintenance Need Not Be Revealed If You Do Not Wish It To Be Considered In Determining Your Credit Worthiness)						
SOURCE OF OTHER INCOME			SOURCE OF OTHER INCOME			
AMOUNT \$	FREQUENCY		AMOUNT \$	FREQUENCY		
COMPLETE THE SECTION BELOW IF YOU HAVE INCOME FROM AGRICULTURE						
A	DO YOU FARM?	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	# OF ACRES OWNED _____	# OF ACRES RENTED _____	
		KIND OF CROP/LIVESTOCK	NO. OF ACRES	INCOME DATE	ESTIMATED AMOUNT	OTHER INCOME
	SEASONAL INCOME				\$	\$
G					\$	\$
Are there any bankruptcies filed in the past 10 years or any outstanding liens or judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach an explanation for any yes answer.						
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 Van's Implement, LTD to check credit, contact references, and verify listed employment history and answer questions about Van's Implement, LTD credit experience with Applicant, Co-Applicant and me; (3) instruct and authorize Van's Implement, LTD to obtain consumer reports on me, in Van's Implement, LTD sole discretion, as part of this application and while any credit granted as a result of this application remains unpaid; and (4) acknowledge that Van's Implement, LTD may retain any information obtained as part of the application process whether or not the requested credit is granted. If this application is primarily for personal, family or household purposes, I acknowledge having received and read the additional disclosures included on Page 3 of this application. I consent to Van's Implement, LTD sharing with others information concerning me and Van's Implement, LTD decision whether or not to extend credit, if any, in accordance with applicable law.						
APPLICANT			CO-APPLICANT			
Signature (Individual)	Date		Signature (Individual)	Date		
Signature	Title/Capacity	Date	Signature	Title/Capacity	Date	
(Indicate Partner/Officer/Manager/Guarantor)			(Indicate Partner/Officer/Manager/Guarantor)			

Please complete this form and fax to (712) 439-1063.