

# Equipment Financing Program

## LEASE Application Worksheet

Please FAX to: (815-239-9032)

Or

Email To: sales@NiteEquip.com

**PRIMARY APPLICANT:**

Farm Credit Customer: Yes  No  Social Security Number:

First: MI: Last:

Address: Date of Birth

City: County of Residence:

State: Zip: Phone:

**CO-APPLICANT:** (Corporation / Partnership / Other)

Name: SSN/Fed Tax ID#

Date of Birth

**HISTORY:** Year Began Farming: At Current Address Since:

**Cost of Equipment:** \$ Number of Acres Farmed

**Select your Term and Purchase Option**

New Tractors

3 Years 40%

5 Years 30%

7 Years 20%

Farm Equipment & Used Tractors/Combines

3 Years 25%

5 Years 15%

**Insurance Information**

Insurance Company:

Address:

Agent's Name:

Agent's Phone:

Policy Number:

**PAYMENTS:** Leases typically have the first annual payment due at delivery of the equipment.

**COLLATERAL:** Provide copy of sales invoice with full description including year, make, model , serial #'s

**FINANCIAL INFORMATION OF PRIMARY APPLICANT:**

Gross Farm Income: \$ Total Assets: \$

Non-Farm Income: \$ Total Liabilities: \$

**For Dealer Use:**

Lease Factor Quoted: Salesman:

04/08/03

Estimated Disbursement Date / /

Dealer Name:

Town:

Code: