



# Equipment Financing Program

*LOAN 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:

**LOAN AMOUNT REQUESTED:** \$ Number of Acres Farmed

**Select your Rate/Term Option**

Variable Rate

3 Years

5 Years

7 Years \*

Fixed Rate

3 Years

5 Years

7 Years \*

**Select Payment Frequency**

Monthly

Annual

\* Available only on new tractors

**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: \$

4/08/03

**For Dealer Use:**

Rate Quoted:

Salesman:

Estimated Disbursement Date / /

Dealer Name:

Town:

Code: