

Transaction Cover Sheet



Email: ag@tcfef.com
Phone: 877.680.8875
Fax: 952.229.6395
(Attach completed application and invoice)

Dealer/Applicant Information

From: Dealer:
Salesperson/Dealer Contact: Applicant:
Dealer Fax: Dealer Phone:

Equipment Information

Equipment Description: (include year, make & hours)
 New Used Normal Cash Sales price: (not list price)
To your knowledge, will this equipment be used for custom work?
 Yes No
Will equipment be delivered or picked up?
Trade-in description: (include year, make & hours)
Wholesale value of trade-in: Financing Requested:

Finance Information

Financing Type: Lease Loan Delayed Loan Program
Loans: The amount financed may not exceed 80% of the normal cash sales price. Delayed Loan Program: *will need a copy of original invoice and manufacturer's credit company contract
Term: 3 Year 4 Year 5 Year 7 Year 10 Year Interest Rate Type: Variable Fixed
Payment Frequency*: Monthly Quarterly Semi-Annual Annual Harvest Payment Plan
Lease Factor Quoted**: Lease Residual Quoted:

*Leases: For semi-annual or annual payments, the first payment is due at closing. For monthly payments, the first month's payment and a 10% security deposit or semi-annual payment up front is due at closing. Loans: The first payment is due at the end of 1, 3, 6, or 12 months, depending on the payment frequency selected. **All lease payments are fixed for the life of the lease.

Comments

Comments or special structuring requests:

Agricultural Credit Application



Phone: 877.680.8875

Fax: 952.229.6395

Address: 3050 Sienna Drive South, #101, Fargo, ND 58104

Email: ag@tcfef.com | Website: tcfef.com/ag

Company Information

Company Name OR Individual Last, First and Middle Name, Suffix				DBA	
Street Address			City		State/Zip
Phone		Fax		Website	
Contact Name		Contact Email Address		State Organization ID #	Federal ID # OR Social Security #
Business Structure <input type="checkbox"/> Sole Prop <input type="checkbox"/> C Corp <input type="checkbox"/> Sub S Corp <input type="checkbox"/> LLP <input type="checkbox"/> LLC			State of Incorporation	Date Established	Yrs in Business (Present Ownership)
Total Assets		Total Liabilities	Gross Annual Farm Revenue		Gross Annual Non Farm Revenue
Equipment Insurance Company		Insurance Agent Name		Insurance Agent Phone	Insurance Agent Fax
					Do you or your company presently have crop insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

Owners, Partners and Guarantors Information (Attach separate sheet if necessary)

Name (Personal Guarantor/Principal/Partner/Officer)		Title	Percent Owned	Social Security #	Owner Since:
Address		City	State/Zip	Phone	Date of Birth
Name (Personal Guarantor/Principal/Partner/Officer)		Title	Percent Owned	Social Security #	Owner Since:
Address		City	State/Zip	Phone	Date of Birth

Equipment and Dealer Information (Attach separate sheet if necessary)

Total Amount Requested			<input type="checkbox"/> Equipment is Additional		<input type="checkbox"/> Equipment is Replacement	
Manufacturer/Year/Make/Model		Qty	Equipment Cost	Total Equipment Cost	Delivery Date	
Dealer Name		Contact Name		Contact Phone #		Contact Email Address
Will you be trading in another piece of equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		How much is still owed on the trade in?		To your knowledge, will this equipment be used for custom work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

By submitting this Application, the undersigned warrants that the applicant and each individual listed as a principal, partner, owner, guarantor or obligor consent, authorize and warrant as follows: (a) TCF Equipment Finance, a division of TCF National Bank and its agents ("TCFEF") may obtain commercial and consumer credit reports, investigate references and statements, and make other credit inquiries about the applicant and all such individuals, and anybody contacted in connection therewith may release any credit and financial information; (b) TCFEF and its affiliates may share with one another financial, credit and other information about the applicant and such individuals and use shared information to market to the applicant and the individuals; (c) the information on or accompanying this Application is true and complete, and the undersigned will notify TCFEF of any material change in any information; (d) this Application is submitted in connection with financing solely for business and commercial purposes and NOT for personal, family or household purposes; (e) the applicant, if an individual, is a citizen or lawful permanent resident of the United States; and (f) this Application will apply to any future request for additional financing and all notices, disclosures, consents and warranties shall be deemed repeated for each future request, unless the applicant submits a new written application. TCFEF does not make offers or commitments to extend credit except in final signed documents and, in limited circumstances, in and pursuant to the terms and conditions of written commitment letters. Term sheets, proposal letters, approval letters and the like are not commitment letters.

READ CAREFULLY BEFORE SUBMITTING THIS APPLICATION: We recommend that you print the Application, sign it below and fax or mail it to us at the address set forth above. If you send this Application by unencrypted and non-secure e-mail, the contents including non-public information may be at risk, and we are not responsible for the security of the contents or for any theft or loss of data during e-mail transmission. If you decide to assume the risk of submitting this Application by e-mail, enter your name as authorized agent below. By entering your name and submitting this Application to us, you agree that this Application is an electronic record executed by you using your electronic signature.

Signature/Title

Date

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

EQUAL CREDIT OPPORTUNITY ACT. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact our Customer Service Manager, 11100 Wayzata Blvd., Suite 801, Minnetonka, MN 55305 (866-311-2755) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. **NOTICE:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Bureau of Consumer Financial Protection, 1700 G Street NW., Washington DC 20006.

(Please retain a copy of this notice and application for your records, updated 7/14)