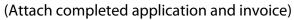
Transaction Cover Sheet

Email: ag@tcfef.com Phone: 877.680.8875 Fax: 952.229.6395





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 pr	rice: (not list price)
To your knowledge, will this equipment be used for cu	ustom work?
☐ Yes ☐ No	
Will equipment be delivered or picked up?	
Trade-in decription: (include year, make & hours)	
Wholesale value of trade-in:	Financing Requested:
Finance Information	
Financing Type: Lease Loan D	elayed Loan Program
Loans: The amount financed may not exceed 80% of the normal invoice and manufacturer's credit company contract	cash sales price. Delayed Loan Program: *will need a copy of original
Term: ☐ 3 Year ☐ 4 Year ☐ 5 Year ☐ 7 Year ☐	10 Year Interest Rate Type: Variable Fixed
Payment Frequency*:	Semi-Annual Annual Harvest Payment Plan
Lease Factor Quoted**:	Lease Residual Quoted:
10% security deposit or semi-annual payment up front is due at odepending on the payment frequency selected. **All lease payment	is due at closing. For monthly payments, the first month's payment and a closing. Loans: The first payment is due at the end of 1, 3, 6, or 12 months, nents 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	DBA			
Street Address			City	State			State/Zip	te/Zip		
Phone Fax					Website					
		- -								
Contact Name	Contact Email Addre	ddress			State Organization ID #		Federal ID # OR Social Security #			
		la								
Business Structure Sole C Corp Sub S Corp	LLP LLC		ncorporation	n Date E	Date Established		Yrs in Business (Present Ownership)		Major Ag Product	
Prop L . L	otal Liabilities	Gross Annua		nual Farm Reve	arm Revenue		Gross Annual Non Farm Revenue		No. of Acres Farmed	
Equipment Insurance Company	Insurance	nsurance Agent Name		Insura	Insurance Agent Phone		Insurance Agent Fax		Do you or your company presently have crop Insurance?	
Owners, Partners and Guarantors Information (Attach separate sheet if necessary)										
Name (Personal Guarantor/Principal/Partner/Officer)	itors inform	Title	itacii s	ерагас	Percent Owned	ecesso	Social Security #		Owner Since:	
name (cisonal data no)/ mepa/, date/omee/			Title .							
Address		City			State/Zip		Phone		Date of Birth	
N (D 16 + (D) : 1/D + (O(C))									0 5:	
Name (Personal Guarantor/Principal/Partner/Officer)		Title			Percent Owned		Social Security #		Owner Since:	
Address		City			State/Zip		Phone		Date of Birth	
Equipment and Dealer Inforr	nation (Atta	ach separ	ate sh	eet if n	ecessary)					
Total Amount Requested				Equipment is Additional			Equipment is Replacement			
Manufacturer/Year/Make/Model				Qty	Equipment Cost		Total Equipment Cost		Delivery Date	
				·					,	
Dealer Name Co		Contact Name	Contact Name		Contact Phone #		Contact Email A		Address	
Will you be trading in another piece of equipment?	g in another piece of equipment?			ho trado in?	e in? To your knowledge, will this equipment be used fo			ustom work?		
Will you be trading in another piece of equipment? Yes No No		iii owed on t	ne trade in:	Yes No		equipment be used for custom work:				
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 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 TCFEF does not make offers or commitments to extend credit except letters.	on will apply to any future re	equest for additional fi	nancing and all	l notices, disclosu	ires, consents and warranti	es shall be dec	emed repeated for each futur	e request, unless	the applicant submits a new written application.	
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				
						l				

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 Inancial Protection, 1700 G Street NW.,

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