	APPLICANT'S NAME (Last, First, Middle)				US CITIZEN YES NO		SOCIAL SEC. NO.		DATE OF BIRTH (DD/MM/YYYY) / /		HAVE YOU EVER USED DLL BEFORE?					
GENERAL	MAILING ADDRESS							CITY					STATE		ZIP CODE	
	PHYSICAL ADDRESS OF RESIDENCE (If Different Than Mailing Address)						COUNTY (REQUIRED)				F-	MAII ADDI	ADDRESS			
							(1.243.1.25)									
	HOME TELEPHONE NUMBER WORK OR CELL TELEPHONE NUMBER						MARITAL STATUS Married □ Unmarried □ Separate			PARTNER STATUS Registered Domestic Partnership				YRS AT CURRENT ADDRESS		
	COUNTY AND STATE IN WHICH EQUIPMENT WILL BE KEPT:															
	TYPE OF BUSIN	IESS LIMIT	ED PA	RTNERSHIP 🗆 🗆	MITED LIABILITY COMP	PANY (LLC)	☐ CORP	ORATION	□INDIVIDUA	L GENER	AL PAR	TNERSHIF	OTHER	(Please spe	ecify)	
	—	EQUIDMENT LISE: EARM % CUSTOM WORK % EQUESTRY % CONSTRUCTION/COMMEDIAL %														
	EQUIPMENT USE: FARM% CUSTOM WORK% FORESTRY% CONSTRUCTION/COMMERCIAL% INDUSTRIAL% RENTAL YARD% PERSONAL/FAMILY/HOUSEHOLD% OTHER% (Please describe)															
	DO YOU FARM?	O YOU FARM? FULL TIME		PART TIME ☐ # OF ACRES O		WNED:		#OF ACRES RENTED:			YEARS IN FARMING:					
	LEGAL NAME UNDER WHICH YOU OPERATE IF PARTNERSHIP					IIP, LLC OR CORPORATIONS:						YEARS IN BUSINESS:			3:	
2	FED TAX ID#	ORGANIZATION ID							STATE OF ORGANIZATION:							
				P, LLC OR CORPO	RATION, PLEASE I N	PROVIDE IN	NFORMA	ATION FO	R ALL PARTNE	ERS, MANAG	ERS O	ROFFICE	RS, EACH O	F WHOM M	UST SIGN AND	
	PARTNER/OFFICER/MANAGER S			OCIAL SEC NO.	SEC NO. ADDRESS			DATE OF RIRTH		TE	TELEPHONE %		% OWN	ED	TITLE	
INCOME - BANK INFO	ODED ATIMO	PRIMARY LEI		NDER NAME CI		ITY, STATE			YEAR	TELEPHONE		ONE	CONTACT		ACT	
	OPERATING EMPLOYER:			CITY, STATE:							VEA	YEARS:				
	ANNUAL GROSS OCCUPATION/POSITION: INCOME:			OTHER			INCOME (Alimony, Child Support, or Maintenance Need Not Be Revealed if You Do Not sidered In Determining Your Credit Worthiness), Source of other income:						ı Do Not Wish it			
	I IS > \$100,000 \$250,000	TOTAL AS	SETS	\$	тоти	AL LIABILIT		<u>*</u>			s		T AS OF (M	M/DD/YY)		
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