

Great Plains Acceptance Corporation

PO Box 226 • Salina, Kansas 67402
Phone • 800-472-0166 • Fax: 800-627-1558

Agricultural Credit Application

(Exceeding \$50,000 may require additional information)
EMAIL Application to gpaccredit@greatplainsmfg.com

Applicant's Name (Last Name, Suffix, First Name, Middle Name)		Birthdate	Social Security #	
Current Address		City	State	Zip Code
Home Phone # _____		Cell Phone # _____	Yrs/Mos at Current Address _____	
Years in Farming	Full or Part	Purchaser is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Additional Co-Signer or Partners or Officers	Birthdate
				Social Security #'s

*** FINANCIAL INFORMATION ***

*** IF THIS SECTION IS NOT COMPLETED, GPAC CANNOT PROCESS CREDIT APPLICATION ***

ASSETS:	\$	LIABILITIES:	\$
NON FARMING INCOME:	\$	SOURCE:	
BANK:			
BANK CONTACT:			
CITY & STATE:			

For Dealer Use Only and Attach Completed Purchase Order		DETAILS OF SALE		For Dealer Use Only and Attach Completed Purchase Order	
Seller's Name and City:			Contact:		
			Email:		
Dir #:	Telephone #:			Fax #:	
New Product (Give Size and Description)		Model #	Serial #	Details of Sale	
				Total Cash Price:	\$
					\$
					\$
Trade In (Give Size and Description)		Model #	Serial #	Trade-In Allowance:	\$
				Balance:	\$
				Taxes:	\$
				Dir Fee:	\$
				GPAC Fee:	\$ 175.00
				Cash Down Pmt:	\$
Terms:	Monthly Payments are not an Option			Balance Due:	
	Annual	Semi-Annual	Quarterly	Std Rate	Low Rate
	(CIRCLE ONE)			Interest Start Date	First Payment Due Date

For purposes of obtaining credit, I (we) certify that all the information in this credit application is true and correct and accurately describes my (our) financial condition as of the date this Credit application is signed as indicated below. I (we) also grant permission to my (our) other creditors to provide all information requested by Great Plains Acceptance Corporation. I (we) release and waive all claims against Great Plains Acceptance Corporation and my (our) other creditors for all acts or omissions which occur in verifying the above information.

Signature of Applicant: _____

Signature of Co-Applicant: _____