



19 N. Pearl St, Suite 2  
 Covington, OH 45318  
 Phone: 800-347-4977  
 Fax (937)473-5990

Attn: Tim Gorman

<b>L E S S E E</b>	Legal Business Name/Lessee			Phone		Company Type: <input type="checkbox"/> Proprietorship		
	Address (Street, R.R. - no PO Box)			Fax		<input type="checkbox"/> Partnership		
	City	County	State	Zip	Federal Tax Number		Time in Business/Date Established	
	Equipment Location (if different):							
<b>O W N E R S</b>	Name		Title	% of Ownership		Social Security #		
	Home Address			City	State	Zip	Home Phone	
	Name		Title	% of Ownership		Social Security #		
	Home Address			City	State	Zip	Home Phone	
<b>F A R M</b>	Land (Acres) Rented: _____ Owned: _____ Date Acquired: _____			Head: _____ Type _____ Mkt. Value \$ _____				
	Source of Other Income: \$ _____ /year			Head: _____ Type _____ Mkt. Value \$ _____				
<b>B A L A N C E  S H E E T</b>	<b>ASSETS</b>		<b>AMOUNT</b>		<b>LIABILITIES</b>		<b>AMOUNT</b>	
	Cash on Hand & in Bank, Include Savings				Operating Lines of Credit			
	Readily Marketable Securities				Notes Payable--Current Portion			
	Notes & Accounts Receivable				Crop/Feed Loan			
	Livestock				Owed on Taxes (Federal, State, County)			
	Feed & Unsold Crops On Hand				Real Estate Mortgage or Liens--Current Portion			
	Cash Invested--Growing Crops				Vehicle/Equipment Debt--Current Portion			
	Other Current Assets				Other Current Liabilities			
	<b>TOTAL CURRENT ASSETS</b>		<b>\$</b>		<b>TOTAL CURRENT LIABILITIES</b>		<b>\$</b>	
	Long Term Marketable Securities, IRA, etc.				Real Estate Mortgage or liens--Long Term			
	Real Estate Owned				Vehicle & Equipment Debt--Long Term			
Vehicles & Equipment Owned				Other Long Term Debt				
Personal Property				<b>TOTAL LIABILITIES</b>		<b>\$</b>		
Other Assets				<b>OWNER'S EQUITY</b>				
<b>TOTAL ASSETS</b>		<b>\$</b>		<b>TOTAL LIABILITIES &amp; OWNER'S EQUITY</b>		<b>\$</b>		
<b>B A N K S</b>	NAME / BRANCH	CITY/STATE	TYPE	ACCT #	PHONE	CONTACT		
			Checking					
			Working Capital					
		Mortgage						
<b>T R A D E S</b>	NAME (Leases, Loans, Suppliers)	CITY/STATE	ACCT #	PHONE	CONTACT			
<b>E Q U I P M E N T</b>	Vendor Name			Phone		Contact		
	Address			City		State	Zip	
	Equipment To Be Leased - (Provide year, make, model & serial numbers, if available) <input type="checkbox"/> NEW <input type="checkbox"/> USED					Payments: Monthly Annual Semi-annual 10% Down Other _____		
	Term (mo.)	Buyout Option <input type="checkbox"/> 10% FMV <input type="checkbox"/> \$1 <input type="checkbox"/> 10% FPO <input type="checkbox"/> Other _____	Advance Payments	\$	Gross Amount	\$	Down Paymt / Trade	Total Cost w/o tax \$
			<b>Yes</b>	<b>No</b>	<b>INSURANCE</b>			
Are there any unsatisfied judgements against you?					Agent Name:			
Are you a defendant in any pending law suit?					Agent Phone:			
Have you declared bankruptcy in the last 10 years?					Agent City/State:			

By signing below, each undersigned individual(s), who is either a principle of the credit applicant listed above or a personal guarantor of its obligations authorizes the release of any credit information for the company and individuals listed above including credit bureau reports, loan, lease, checking, saving and trade accounts to Accord Financial Group and/or its assignees or potential assignees. Such authorization shall extend to obtaining a personal credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this authorization shall be as valid as the original. Applicant warrants that the information stated above is true and correct.

Signature #1: \_\_\_\_\_ Date \_\_\_\_\_ Signature #2 \_\_\_\_\_ Date \_\_\_\_\_