



Bill D. Mapes, CMEA
PRESIDENT

"We lease virtually anything with a serial number"

www.leasingresources.com

(800) 743-4089

(316) 266-4609

FAX (888) 237-2435

LEASE APPLICATION (AGRICULTURE)

FULL NAME (OR COMPANY NAME)		<input type="checkbox"/> CORPORATION <input type="checkbox"/> PTSHIP <input type="checkbox"/> LLC <input type="checkbox"/> SOLE PROP.		TIME IN BUSINESS	TIME BUSINESS OWNED
				YRS. MO.	YRS. MO.
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	PHONE NUMBER	
E-MAIL ADDRESS		FED ID # or AG tax exempt # (if applicable)		DATE OF BIRTH:	
DESCRIPTION OF EQUIPMENT		<input type="checkbox"/> NEW <input type="checkbox"/> USED COST \$ _____		NAME AND ADDRESS OF VENDOR	
PAYMENT STRUCTURE REQUESTED			NAME AND PHONE NUMBER OF VENDOR CONTACT		

OWNERS - OFFICERS - GUARANTORS

NAME	%OWNED	HOME ADDRESS	OWN/RENT	SOCIAL SECURITY NO.

BANK - FINANCE - LEASING REFERENCES

NAME OF FINANCIAL INSTITUTIONS	BALANCE	OFFICER	PHONE NUMBER	ACCOUNT #
CHECKING/SAVINGS				
OPERATING LINE				
MORTGAGE LOAN				

TRADE REFERENCES- 30 DAY ACCOUNTS

NAME	ADDRESS	PHONE NUMBER	CONTACT

INSURANCE AGENT	ADDRESS	PHONE NO.

LIST CURRENT YEAR GROWING CROPS	NUMBER ACRES OWNED	DATE ACQUIRED	DATE PERMANENT CROPS PLANTED	NUMBER OF ACRES RENTED	RENT/MORTGAGE PAYMENT

Total Assets =		Total Liabilities =		Net Worth =
YEARS AT CURRENT ADDRESS	GROSS FARM INCOME \$	NET FARM INCOME \$	NET NON-FARM INCOME \$	SOURCE OF NON-FARM INCOME



*Bill D. Mapes, CMEA
PRESIDENT*

"We lease virtually anything with a serial number"

*******PLEASE SEND A CURRENT FINANCIAL STATEMENT WITH APPLICATION*******

Briefly describe operations & history:

Do you belong to a co-op? Yes No Name: _____

Through whom do you sell your crops? _____

Source of water supply: _____

Do you have other income? Yes No Describe: _____

Is the equipment for expansion or replacement? _____

Do you have Crop Insurance? Yes No

PLEASE CHECK THE APPROPRIATE BOX

If your answer is yes, please give details

Do you have any loans/Leases or deposit accounts with Leasing Resources, Inc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you gone through bankruptcy or compromised a debt in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a defendant in any pending lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does any other person or entity own an interest in the property listed in the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE READ BEFORE SIGNING

Lessee represents and warrants that all credit and financial information submitted to Leasing Resources, Inc., or it's assigns, is true and correct and they may obtain any information necessary pertaining to this application including, but not limited to, owners, officers or guarantors. Lessee agrees to furnish financial statements on request. I/We understand that by providing the mailing address, telephone and fax numbers, I/We consent to receive communications sent by or on behalf of Leasing Resources, Inc. via regular mail, telephone or fax.

LESSEE: _____

X/By: _____ Title: _____

DISCLOSURE

If your application for credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact: Leasing Resources, Inc., • P.O. Box 47851 • Wichita, KS 67201

We will send you a written statement of reason for the denial within 60 days of receiving your request.

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, or age (provided the applicant has the capacity to enter into a binding contract); or because all or part of the applicants income derives from any public assistance program under the Consumer Credit Protection Act.