



**Bob Francisco**  
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



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**\*\*\*\*\*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.