

Agricultural Producer Application

Submit Completed Apps To: FAX - (800) 288-4959 Email - applications@firstwesternef.com

_Date:_____

_Date:_____

val Farm or Kanch Name'	Customer's Farm/Ranch Information: (exact legal											es Phone North	
egal Farm or Ranch Name: Current Farm or Ranch Address: Farm or Ranch Ownership:				Doing Business As (dba):							Busine	ss Phone Number:	
			City: State					ate:			de:		
			J.C.								Zip Code:		
			State Of:			al ID	ID#			Years Farming or Ranching			
Corporation Partnership	LLC	Sole Pr	oprietor										
res Farmed or Ranched:	Acres Owi	ned:	Acres Re	nted:	Contact Name	e:							
ontact Title or Position:			Contact	ontact Phone Number:				Contact Cell Phone Number:					
ontact FAX Number:					Email Address								
ontact FAX Number:					Email Address	•							
ustomer's Personal Inforn	nation: (exac	t legal r	name red	uired)									
Owner's Legal Name:		Home A	<u> </u>					City:					
tate:			Zip:			Social Security #						% Ownership:	
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quipment:													
uipment Description (Please Attack	h Invoice if Available) :												
equipment is an Attachment , wl	ho owns the prir	mary equ	ipment:										
you are sales/use tax exempt,	-				_	-	-						
otal equipment cost over \$100,	,000 requires las	st two ye	ars of busi	ness finar	icial statement	s and curre	nt int	terim sta	tement	,			
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Signed By: X _____

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