



Once completed, please fax to 1-800-288-9504; or mail to AGCO Finance LLC, 8001 Birchwood Court, Johnston, IA 50131, or scan and e-mail to [agcoplus@agcofinance.com](mailto:agcoplus@agcofinance.com)

**Application for Credit Increase of Existing Account  
-Business or Commercial Purpose-**

Account Name:	(If an entity): _____  (If an individual): _____ (First) _____ (Last) ____ (Middle Initial)	Existing AGCO Plus Account #: _____
If an entity, have there been any changes to your business structure since your AGCO Plus Account was established?		<input type="checkbox"/> Yes – please specify: _____ <input type="checkbox"/> No
Phone Number: _____		Alternate Phone Number: _____
Physical Address: _____ (Street Address) _____ (City) _____ (State) _____ (Zip)		
Mailing Address (If Different): _____ (Street Address) _____ (City) _____ (State) _____ (Zip)		
E-Mail Address: _____		
Co-Applicant Information:	Name: _____	Social Security #: _____ Date of Birth: _____
Reason for Requested Increase: _____		
<b>If request for credit is less than \$30,000</b>	Complete, sign and submit this form	
<b>If request for credit is \$30,000 or more</b>	Complete, sign and submit this form along with your two most recent years of lender-prepared (or equivalent) balance sheets and supporting schedules. If a Partnership, Corporation, LLC, or other entity include most recent two years' personal balance sheets with supporting schedules of the general partner, president, owner, managing member, or any other individual as required by AGCO Finance LLC ("AFC").	

**Applicant Financial Information:**

Primary Financial Institution:	<i>City</i>	<i>State</i>	<i>Phone</i>
Primary Operating Lender:	<i>City</i>	<i>State</i>	<i>Phone</i>
Contact Name:			

**Dealership Information:**

Primary Dealership: \_\_\_\_\_

**\*AGCO Finance LLC reserves the right to request additional information if needed.**

By signing below, I, whether signing individually as an Application, Co-Application or guarantor or as office, partner, or manager of the Applicant or Co-Applicant: (1) agree and acknowledge that I am requesting an increase to my existing AGCO Plus credit facility with AFC; (2) agree and acknowledge that this Application and any credit facility increase are subject to the terms and conditions contained in the Application for Credit and Credit Agreement Terms and Conditions; and (3) instruct and authorize AFC to obtain consumer reports on me, in AFC's sole discretion, as part of this application and while any credit granted as a result of this application remains unpaid.

<b>Applicant / Borrower:</b>	<b>Co-Applicant / Borrower:</b>
Signature: _____	Signature: _____
Individually and in the following capacity (if an entity):	Individually and in the following capacity (if an entity):
Title: _____	Title: _____
Date: _____	Date: _____
<b>Acceptance by AGCO Finance LLC:</b>	
Signature: _____	