Rob-See-Co

John Deere Financing Request

Grower Name: _____
First Last (John Deere Account name)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ DSR: _____ BA: _____

John Deere Account Number: _____

John Deere Financing: (Select One)

_____ Prime Rate Program

_____ 180 Day 0% interest

_____ John Deere Credit 30 Day revolving line of credit

Amount to be financed: $ _____

I Authorize Rob-See-Co to submit my account to John Deere Financing. In the event the final billing is in excess of the amount stated above, Rob-See-Co can submit up to an additional 10% without further authorization.

Printed Name: _____

Signature: _____

Date: _____