



Rob-See-Co Dealer Rabo AgriFinance Request

Grower Name: _____

First Last (Rabo Account name)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ DSM: _____ Dealer: _____

Rabo Account Number: _____

Rabo Financing: (Select One)

_____ 0% Program with Bridge Option (Deadline: August 31, 2023 – Due December 2024)

_____ 1.9% Program with Bridge Option (Deadline: October 15, 2023 – Due December 2024)

_____ 3.9% Program (Deadline: December 15, 2023 – Due December 2024)

_____ 5.9% Program (Deadline: January 15, 2024 – Due December 2024)

_____ Prime Rate (Active Period: January 16, 2024 – March 15, 2024 – Due December 2024)

_____ Prime + 1% (Active Period: March 16, 2024 – June 30, 2024 – Due December 2024)

Amount to be financed: \$ _____

I Authorize Rob-See-Co to submit my account to Rabo AgriFinance. 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: _____