

FOUR POINTS FEDERAL CREDIT UNION

Implement Information Form

Name: _____

Type of Implement: _____

Make: _____ Model: _____ Year: _____

Serial Number: _____

Condition: _____ Poor _____ Fair _____ Good _____ Excellent

of Hours: _____

Owner(s) Name: _____

Insurance: _____ Umbrella Farm Policy
_____ Individually Insured

Name of Insurance Company: _____

Name & Address of Agent: _____

Implement Will Be In: State: _____

County: _____

Member Signature