

## FORM – AGCO EMPLOYEE & FAMILY DISCOUNT PROGRAM

PROCEDURE: Dealer to submit on purchaser's behalf.

- 1) Dealer must fill in all of the below information to request and verify qualification of discount with AGCO corporate office.
- 2) This form (with completed customer information and required signatures) must be emailed to [field.marketing@agcocorp.com](mailto:field.marketing@agcocorp.com).
- 3) After verification, the respective discount will be entered as a transactional discount to be taken at retail settlement.
- 4) Questions regarding this policy guide should be referred to AGCO Field Marketing at [field.marketing@agcocorp.com](mailto:field.marketing@agcocorp.com). You can visit [www.agcocorp.com/employeediscount](http://www.agcocorp.com/employeediscount) for most up to date policy and forms.

### **PURCHASER:**

**Full Name\*:** \_\_\_\_\_ **Phone\*:** \_\_\_\_\_

**Mailing Address\*:** \_\_\_\_\_

**Email Address\*:** \_\_\_\_\_

### **DEALER INFORMATION** (where the equipment was purchased, if different than employment location)

**Name\*:** \_\_\_\_\_

**Dealer Code\*:** \_\_\_\_\_

**Address\*:** \_\_\_\_\_

### **PRODUCT INFORMATION** (Ensure your equipment meets eligibility requirements outlined on policy, or your request may be denied.)

**Brand\*:** \_\_\_\_\_ **Model\*:** \_\_\_\_\_

**Serial # (tractor/equipment)\*:** \_\_\_\_\_

**Serial # (implement/attachment):** \_\_\_\_\_

**Invoice Number\*:** \_\_\_\_\_

**COMPLETE ONE OF THREE SECTIONS BELOW\*** (based on your eligibility type)

**1. AGCO EMPLOYEE or RETIRED AGCO EMPLOYEE**

Company Name\*: \_\_\_\_\_

Employee Type\*: Current Employee:  Retiree:

Current/Former Work Location\*: \_\_\_\_\_

For current employees (*Retirees can skip this step*):

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that this purchase is for my own use and that I intend to maintain ownership for at least six months:

Signature of Employee\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

**2. AGCO DEALER EMPLOYEE**

Full Name\*: \_\_\_\_\_ Title/Role: \_\_\_\_\_

Supervisor's name\*: \_\_\_\_\_ AGCO Dealer # (6-digits)\*: \_\_\_\_\_

Dealership name\*: \_\_\_\_\_ Dealership Location\*: \_\_\_\_\_

I certify that this purchase is for my own use and that I intend to maintain ownership for at least six months:

Signature of Purchaser\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

I certify that the purchaser submitting this form is an employee of our AGCO dealership:

Signature of Employer's Dealer Principal\*: \_\_\_\_\_

Printed Name\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

**3. IMMEDIATE FAMILY MEMBER OF CURRENT AGCO EMPLOYEE**

Relation To AGCO Employee\*: (choose one)

Parent:  Sibling:  Child:  Spouse:  Other:  \_\_\_\_\_

Your related AGCO EMPLOYEE information (*Employment will be validated with AGCO HR*)

Full Name\*: \_\_\_\_\_

Work Location\*: \_\_\_\_\_

Supervisor's name\*: \_\_\_\_\_

I certify that this purchase is for my own use and that I intend to maintain ownership for at least six months:

Signature of Purchaser\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

I certify that the purchaser submitting this form is an eligible relative:

Signature of AGCO Employee\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

**INTERNAL USE ONLY:**

**APPROVALS:**

**Human Resources:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Marketing (N.A.):** \_\_\_\_\_ **Date:** \_\_\_\_\_