



Credit Application

Credit Limit Requested \$
LIMIT OVER \$35,000 MAY REQUIRE FINANCIAL STATEMENTS

Quick App? YES NO
FOR MERCHANT USE ONLY

1 Personal Name and Information

MANDATORY FOR ALL APPLICANTS

LEGAL NAME OF APPLICANT TO APPEAR ON CARD (FIRST, INITIAL, LAST — MAXIMUM 25 CHARACTERS)

ADDRESS

TOWN PROVINCE POSTAL CODE

PHONE NUMBER BIRTHDAY SIN

HAVE YOU EVER DECLARED PERSONAL BANKRUPTCY? YES NO

ARE YOU ALREADY A PRIMARY OR SECONDARY CARDHOLDER ON AN AGRICARD ACCOUNT? YES NO

DO YOU HAVE OFF FARM INCOME? YES NO

EMPLOYER POSITION HOW LONG? YRS/MOS

ANNUAL INCOME MONTHLY MORTGAGE/RENT PAYMENT TOTAL OTHER MONTHLY DEBT PAYMENTS

MAIN FINANCIAL INSTITUTION - BANK OR CREDIT UNION MAIN FINANCIAL INSTITUTION LOCATION

4 Business Name and Information

PERSONAL INFORMATION OF BUSINESS OWNER IN SECTION 1 MUST BE COMPLETED

IF ACCOUNT TO BE UNDER BUSINESS NAME, CHECK APPROPRIATE TYPE: HOW LONG IN BUSINESS?

GOVERNMENT PARTNERSHIP SOLE PROPRIETORSHIP CORPORATION

BUSINESS NAME TO APPEAR ON CARD (MAXIMUM 25 CHARACTERS)

ADDRESS

TOWN PROVINCE POSTAL CODE

PHONE NUMBER BUSINESS FAX NUMBER

BUSINESS NAME UNDER WHICH TAX FORMS ARE FILED LAST FISCAL YEAR-END

TOTAL SALES TOTAL EXPENSES NET INCOME

MAIN FINANCIAL INSTITUTION - BANK OR CREDIT UNION AND LOCATION

2 Farm Information

MANDATORY FOR ALL APPLICANTS

IF NOT FARMING, WHAT WILL THIS ACCOUNT BE USED FOR? ACRES OWNED BY YOU ACRES RENTED BY YOU AVERAGE ACRES CULTIVATED RANGE ACRES (RANCH)

CONSTRUCTION TRUCKING PERSONAL OTHER

TYPE OF FARM (CHECK ALL APPLICABLE)

CROPS GRAIN OILSEED CORN SOYBEAN PULSE HAY OTHER (PLEASE LIST)

LIVESTOCK BEEF (QTY) DAIRY (QTY) HOG (QTY) HORSE (QTY) SHEEP (QTY) POULTRY (QTY) OTHER

IF OTHER CROPS OR LIVESTOCK, PLEASE LIST IF ACRES ARE RENTED, LIST LANDLORD(S) NAME, TOWN, PHONE

3 Co-applicant Information (if applicable)

ALL MUST COMPLETE

LEGAL NAME ADDRESS

TOWN PROVINCE POSTAL CODE PHONE NUMBER BIRTHDAY

SIN HAVE YOU EVER DECLARED PERSONAL BANKRUPTCY? YES NO

ARE YOU ALREADY A PRIMARY OR SECONDARY CARDHOLDER ON AN AGRICARD ACCOUNT? YES NO

DO YOU HAVE OFF FARM INCOME? YES NO

EMPLOYER POSITION HOW LONG? YRS/MOS

ANNUAL INCOME MONTHLY MORTGAGE/RENT PAYMENT TOTAL OTHER MONTHLY DEBT PAYMENTS

MAIN FINANCIAL INSTITUTION - BANK OR CREDIT UNION MAIN FINANCIAL INSTITUTION LOCATION

5 Signatures (PLEASE SIGN BELOW)

MANDATORY FOR ALL APPLICANTS

I consent to, and accept this Agreement/Application as prior written notice to me of your intention to obtain a credit report or other Personal Information about me from time to time for the purposes described on page two of this application. The terms set out on page two are part of this AgriCard account application.

 SIGNATURE OF APPLICANT/BUSINESS OWNER*

 NAME OF APPLICANT/BUSINESS OWNER (PLEASE PRINT) DATE

 SIGNATURE OF COAPPLICANT*

 NAME OF COAPPLICANT (PLEASE PRINT) DATE

* IF THIS ACCOUNT IS TO BE OPENED UNDER A BUSINESS NAME, THE PRINCIPAL SHAREHOLDER/OWNER SHALL SIGN AS BOTH A SIGNING OFFICER OF THE BUSINESS, AND ALSO IN HIS/HER PERSONAL CAPACITY.

I UNDERSTAND THAT BY SUBMITTING THIS DOCUMENT BY FAX IT WILL BE ACCEPTED IN THE SAME MANNER AS IF THE ORIGINAL WERE RECEIVED BY AGRICARD - FAX: (204) 889-3467

AgriCard Credit Agreement

By signing the credit application on the opposite side:

For applications under an Individual's personal name.

I/We (the applicant) certify that the information on this application is correct. Please issue the card(s) indicated and renewals and replacements from time to time and open an AgriCard account (the account) in my/our name.

For applications under a Business name.

The Business and the Owner/Co-applicant (or each owner/co-applicant if another is shown) request that an account be opened for the business and that an AgriCard card to access the account be issued and all renewals and replacements from time to time, to the owner/co-applicant. I/We (the applicant) agree that the business (if a corporation or partnership separate and apart from the Owner/Co-applicant) and the Owner/Co-applicant will be liable both individually and together for all amounts charged to the AgriCard account.

Applicable to all applicants.

In addition, whether the account applied for is opened up under an individual's personal name, with or without co-applicants, or under a business name with the owner/co-applicant (or each owner/co-applicant if another is shown), I/We agree that use of the card applied for shall be conclusive proof that I/We received, read and understood the AgriCard cardholder agreement you will have sent me/us upon acceptance of this application. I/We agree to be bound by the terms of the agreement, and any amendments made thereto by you thereafter. I have authority to apply for this account.

Consent to Collection, Use and Disclosure of Personal Information (applicable to both types of applications).

From time to time,

- a) You may collect credit and other financially-related information (including information related to my transactions) about me ("Personal Information") from me, from service arrangements I have made with you or through you with your agents, from credit reporting agencies, and other financial institutions, and from references I have provided you.
- b) You may use this Personal information as follows:
 - i) **to give it to credit reporting agencies and other financial institutions and, with my consent, to other parties;**
 - ii) to determine my financial situation or that of the owner/co-applicant;
 - iii) to provide the applicant and/or the owner/co-applicant with the services it or they request from you;
 - iv) to give it to anyone who works with or for you, but only as needed to provide the services the applicant and/or the owner/co-applicant request;
 - v) to give to any proposed purchaser of the applicant's card account from you, but only for the purpose of enabling the proposed purchaser to evaluate its proposal, and to any ultimate purchaser, for the purpose of enabling the purchaser to administer my account.
- c) You may also use this Personal Information for the following purposes:
 - i) to promote your services to me and add it to customer lists you prepare and use for this purpose;
 - ii) You may also use my social insurance number as an aid to identify me with credit reporting agencies and other financial institutions for credit history file matching purposes. I acknowledge that I am not required to provide that number to you for these purposes.

I may tell you to stop using my Personal Information in the ways described in sub-section (c) at any time by calling you at 1-800-784-2504. You acknowledge that the use of Personal Information in the ways described in sub-section (c) is at my option and that I will not be refused credit or other services just because I have told you to stop using it in those ways. If I cease to be an account holder or this Agreement terminates, you may keep the Personal Information in your records so long as it is needed for the purposes described in sub-section (b).

SAMPLE INTEREST CALCULATION

Average balance of \$1,000
x 30 days/365 days
x 11.9%* annual interest rate
= \$ 9.78 for an average billing cycle.

Interest rate for illustration purposes only. Please call for current rate.

AgriCard is a division of Canadian Cooperative Agricultural Financial Services (CCAFS).

AGRICARD(TM), AGRIPPOINTS(TM) and AGRIFINANCE(TM) are trademarks of CCAFS 03/03.



Credit Application Form Submission Instructions

1. Fax Form to (204) 889-3467 **OR**

2. Mail form to:

AgriCard
Attn: Credit Services
P.O. Box 42057
RPO Ferry Road
Winnipeg, Manitoba
R3J 3X7