



*It's Easy  
To Apply*

fax 204-837-3630  
 call 1-800-665-0357  
 mail 1822 Portage Avenue  
 Winnipeg, MB  
 R3J 0G5

**Tell us how you would like your financing to work!**

**Do you prefer to**  
 Lease Purchase

**What kind of term do you desire?**  
**(in years)**

**What kind of repayment do you prefer?**

**Where do you think you will acquire this equipment?**

Dealer Name

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Or Other

**TERMS AND CONDITIONS**

**Consent to Collection, Use and Disclosure of Personal Information (Applicable both to Business and Personal Accounts)**

The applicant ("I/me") hereby agrees with Agrifinance ("you"), on behalf of the Applicant and, where the Applicant is a partnership or Corporation, on behalf of the individual who signs on behalf of the Applicant (the "Owner") that,

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;
  - iii) to provide me with the services I 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 to me as requested;
  - v) to disclose to any prospective purchaser of my account or your business, whether as a going concern or otherwise, for the purpose of allowing the prospective purchaser to evaluate the merits of a purchase proposal, and, thereafter, to disclose to the actual purchaser for the purpose of enabling the purchaser to provide continuity of service to me hereunder; and your rights and my consents hereunder shall be assignable to any such actual purchaser.
- 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 subsection (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 subsection (b).



# Credit Application

Equipment to be financed			
YEAR	MAKE	MODEL	
YEAR	MAKE	MODEL	

## 1. Personal or Business Owner/Principal Applicant Information

**ALL MUST COMPLETE**

LEGAL NAME OF APPLICANT (FIRST, MIDDLE, LAST NAME) \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ DATE OF BIRTH (dd/mm/yy) \_\_\_\_\_

S.I.N. \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_

MAIN FINANCIAL INSTITUTION \_\_\_\_\_ LOCATION \_\_\_\_\_

## 4. Business Name Information

**IF ACCOUNT TO BE UNDER BUSINESS NAME, COMPLETE**

SOLE PROPRIETOR \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

LEGAL NAME (Corporate Name, Names of all Partners, Name of Proprietor) \_\_\_\_\_

BUSINESS NAME (OPERATING AS): \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ HOW LONG IN BUSINESS \_\_\_\_\_

## 2. Financial Information ALL MUST COMPLETE

<b>FARM TYPE:</b>	GRAIN	OILSEED	CORN	RANCHING	DAIRY	HOG	OTHER	_____
<b>ASSETS</b>					<b>LIABILITIES</b>			
ACRES OWNED	#	_____	VALUE \$	_____	MORTGAGE OWING \$	_____	<b>NET WORTH</b>	_____
ACRES RENTED	#	_____						
LIVESTOCK	#	_____	\$	_____	OPERATING LINE	\$	_____	<b>ASSETS - LIABILITIES =</b>
MACHINERY			\$	_____	LOANS OWING	\$	_____	_____
CROPS IN STORAGE/CASH			\$	_____	OTHER	\$	_____	
OTHER (Describe)	_____		\$	_____	DESCRIBE	_____		
			<b>TOTAL \$</b>	_____	<b>TOTAL</b>	<b>\$</b>	_____	

## 3. AgriCard

Do you have an existing AgriCard Account? Yes No

If yes, account # 6013 72 \_\_\_\_\_

If no, would you like an AgriCard account set up? Yes No

If yes is checked below, signature in Section 5 constitutes an application for an AgriCard

**Requested Credit Limit \$** \_\_\_\_\_

## 5. Signatures ALL MUST COMPLETE

I, the undersigned, am (as the case may be) the individual applicant or a sole proprietor, a partner of the Partnership described in Section 4 authorized to bind the Partnership, or an authorized signing officer of the Corporation described in Section 4. I represent and warrant to Canadian Cooperative Agricultural Financial Services (Agrifinance) that the information in this credit application is true and correct and sets out fairly the financial condition of the Applicant. The Applicant consents to Agrifinance obtaining a credit report or other personal information about the Applicant from time to time for the purposes described on the reverse side or second page, as the case may be, of this application, and agrees that this constitutes prior written notice of the intention of Agrifinance to obtain that credit report or other personal information. I have read the terms set out on the back or second page and agree that they are part of this application. Agrifinance may rely on a faxed copy of this application.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DD / MM / YR