

Credit Application



fax 204-837-3630

call 1-800-665-0357

mail 1822 Portage Ave
Winnipeg, MB
R3J 0G5

Tell us how you would like your financing to work!

Do you prefer to	<input type="checkbox"/> Lease <input type="checkbox"/> Purchase
What kind of term do you desire? (in years)	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
What kind of repayment do you prefer?	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
Where do you think you will acquire this equipment?	Dealer Name: _____ Location: _____

Equipment to be financed

DESCRIPTION (YEAR, MAKE, MODEL, TYPE OF EQUIPMENT)	PURCHASE PRICE
DESCRIPTION (YEAR, MAKE, MODEL, TYPE OF EQUIPMENT)	PURCHASE PRICE
DESCRIPTION (YEAR, MAKE, MODEL, TYPE OF EQUIPMENT)	PURCHASE PRICE

Equipment to be traded

DESCRIPTION (YEAR, MAKE, MODEL, TYPE OF EQUIPMENT)	TRADE VALUE
DESCRIPTION (YEAR, MAKE, MODEL, TYPE OF EQUIPMENT)	TRADE VALUE

Agrifinance® Credit Application

A Bank West Product

Phone: 1-800-665-0357
Fax: 1-204-837-3630



INTENDED USE FOR ACCOUNT: FARMING OTHER: PLEASE BE SPECIFIC

1 APPLICANT INFORMATION MANDATORY FOR ALL APPLICANTS PERSONAL INFORMATION ONLY

LAST NAME		FIRST AND MIDDLE NAME			
ADDRESS		TOWN		PROVINCE	POSTAL CODE
PHONE () ()	CELL () ()	FAX () ()			
EMAIL		DATE OF BIRTH D D M M Y Y		SIN	
COUNTRY OF CITIZENSHIP	DO YOU HAVE OFF FARM INCOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER			
EMPLOYER ADDRESS		TOWN		PROVINCE	POSITION
HOW LONG? Y E A R S / M O N T H S	GROSS ANNUAL EMPLOYMENT INCOME	HAVE YOU EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT YEAR?		

2 FARM INFORMATION MANDATORY FOR ALL APPLICANTS

ACRES OWNED	ACRES RENTED	ACRES CULTIVATED									
<input type="checkbox"/> GRAIN <input type="checkbox"/> OILSEED <input type="checkbox"/> CORN <input type="checkbox"/> SOYBEAN <input type="checkbox"/> PULSE <input type="checkbox"/> HAY <table style="display: inline-table; vertical-align: middle;"> <tr><td colspan="2">LIVESTOCK</td></tr> <tr><td><input type="checkbox"/> BEEF (QTY)</td><td><input type="checkbox"/> DAIRY (QTY)</td></tr> <tr><td><input type="checkbox"/> HOG (QTY)</td><td><input type="checkbox"/> POULTRY (QTY)</td></tr> </table>						LIVESTOCK		<input type="checkbox"/> BEEF (QTY)	<input type="checkbox"/> DAIRY (QTY)	<input type="checkbox"/> HOG (QTY)	<input type="checkbox"/> POULTRY (QTY)
LIVESTOCK											
<input type="checkbox"/> BEEF (QTY)	<input type="checkbox"/> DAIRY (QTY)										
<input type="checkbox"/> HOG (QTY)	<input type="checkbox"/> POULTRY (QTY)										
IF OTHER CROPS OR LIVESTOCK (LIST)											
IF ACRES ARE RENTED LIST LANDLORD(S) NAME, TOWN, & PHONE											
NUMBER OF YEARS FARMING Y E A R S / M O N T H S	CUSTOM OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW LONG CUSTOM OPERATING? Y E A R S / M O N T H S	IS EQUIPMENT TO BE USED SOLELY FOR FARMING? <input type="checkbox"/> YES <input type="checkbox"/> NO								
IF "NO" PLEASE DESCRIBE USE											

3 FINANCIAL INFORMATION MANDATORY FOR ALL APPLICANTS

ASSETS				LIABILITIES			
CASH ON HAND/SAVINGS \$	CROP INVENTORY \$	LIVESTOCK \$	EQUIPMENT/MACHINERY \$	OPERATING LINES \$	CREDIT CARDS \$	ACCOUNTS PAYABLE \$	LOANS \$
BUILDINGS \$	LAND \$	OTHER \$	TOTAL ASSETS \$	MORTGAGE \$	OTHER \$	TOTAL LIABILITIES \$	

4 AGRICARD MANDATORY FOR ALL APPLICANTS

DO YOU HAVE AN EXISTING AGRICARD ACCOUNT? YES NO

IF YES, ACCOUNT # 6013 7200

IF NO, WOULD YOU LIKE AN AGRICARD ACCOUNT SET UP? YES NO

IF YES IS CHECKED, SIGNATURE CONSTITUTES AN APPLICATION FOR AN AGRICARD

5 BUSINESS INFORMATION SECTION 1 & 7 TO BE COMPLETED

SOLE-PROPRIETOR PARTNERSHIP CORPORATION CHARITABLE ORGANIZATION GOVERNMENT

BUSINESS NAME (LEGAL & TRADE NAME) HOW LONG IN BUSINESS?

ADDRESS TOWN

PROVINCE POSTAL CODE

BUSINESS PHONE () () BUSINESS FAX () ()

EMAIL LAST FISCAL YEAR END TOTAL SALES TOTAL EXPENSES

NET INCOME MAIN FINANCIAL INSTITUTION & LOCATION

6 CO-APPLICANT INFORMATION (if applicable) MANDATORY FOR ALL CO-APPLICANTS

LAST NAME		FIRST AND MIDDLE NAME			
ADDRESS		TOWN	PROVINCE	POSTAL CODE	
PHONE ()	CELL ()	FAX ()			
EMAIL		DATE OF BIRTH D D M M Y Y	SIN		
COUNTRY OF CITIZENSHIP	DO YOU HAVE OFF FARM INCOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER			
EMPLOYER ADDRESS		TOWN	PROVINCE	POSITION	
HOW LONG? YEARS / MONTHS	GROSS ANNUAL EMPLOYMENT INCOME	HAVE YOU EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT YEAR?	

7 FOR CORPORATIONS/PARTNERSHIPS/NON-PROFIT ORGANIZATIONS

LIST INDIVIDUALS WHO HAVE AUTHORITY TO BIND ENTITY (NAMES & TITLES)

1. _____ 2. _____
3. _____ 4. _____

LIST NAMES OF ALL DIRECTORS AND THEIR OCCUPATIONS

1. _____ 2. _____
3. _____ 4. _____

LIST NAMES, ADDRESSES OF ALL SHAREHOLDERS AND/OR BENEFICIAL OWNERS WITH 25% OR MORE DIRECT OR INDIRECT CONTROL FOR THE COMPANY/ENTITY (CAN BE ANOTHER CORPORATE ENTITY)

1. _____
2. _____
3. _____

8 THIRD PARTY DETERMINATIONS TO BE COMPLETED IF THE APPLICANT IS ACTING ON BEHALF OF ANOTHER PARTY OR ENTITY

WILL / IS THERE ANYONE ELSE INVOLVED WITH THE DECISIONS PROVIDING INSTRUCTIONS ON THIS ACCOUNT WHO IS NOT SIGNING OR APPLYING ON THIS APPLICATION? YES NO
IF "YES", COMPLETE THE APPROPRIATE SECTION BELOW:

SECTION A: THIRD PARTY IS AN INDIVIDUAL:

NAME (FIRST, MIDDLE, LAST) _____
ADDRESS _____
TOWN/PROVINCE _____
PHONE NUMBER _____ DATE OF BIRTH _____

SECTION B: THIRD PARTY IS AN ENTITY

BUSINESS NAME _____
ADDRESS _____
TOWN/PROVINCE _____
PHONE NUMBER _____
NATURE OF RELATIONSHIP BETWEEN THIRD PARTY AND ACCOUNT HOLDER? _____

NOTE: IF YOU ARE NOT ABLE TO DETERMINE THAT THERE IS IN FACT A THIRD PARTY BUT YOU HAVE REASONABLE GROUNDS TO SUSPECT THAT THERE IS ONE, THEN INDICATE BELOW A) IF THE INDIVIDUAL AUTHORIZED TO ACT FOR THE ACCOUNT INDICATED THAT THE ACCOUNT WILL BE USED BY OR ON BEHALF OF A THIRD PARTY AND B) WHY YOU BELIEVE THAT THE INDIVIDUAL OPENING THE ACCOUNT IS ACTING ON THE INSTRUCTIONS OF A THIRD PARTY:

9 SIGNATURES (please sign below) MANDATORY FOR ALL APPLICANTS

I / WE REPRESENT AND WARRANT TO BANK WEST (O/A AGRIFINANCE) THAT THE INFORMATION IN THIS CREDIT APPLICATION IS TRUE AND CORRECT AND SETS OUT MY/OUR FINANCIAL CONDITION. I/WE CONSENT TO AGRIFINANCE OBTAINING A CREDIT REPORT OR OTHER PERSONAL CREDIT INFORMATION ABOUT ME/US FROM TIME TO TIME FOR THE PURPOSES DESCRIBED BELOW, AS THE CASE MAY BE, OF THIS APPLICATION, AND AGREE THAT THIS CONSTITUTES PRIOR WRITTEN NOTICE OF THE INTENTION OF AGRIFINANCE TO OBTAIN THAT CREDIT REPORT OR OTHER PERSONAL INFORMATION. I/WE HAVE READ THE TERMS SET OUT BELOW AND AGREE THAT THEY ARE PART OF THIS APPLICATION. AGRIFINANCE MAY RELY ON A FAXED COPY OF THIS APPLICATION.

APPLICANT _____ DATE: _____ CO-APPLICANT _____ DATE: _____

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 TRANSACTION) 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.

VI) TO MEET ANY REQUIRED REGULATORY OR LEGISLATED REQUIREMENTS INCLUDING, BUT NOT LIMITED TO, PROCEEDS OF CRIME, MONEY LAUNDERING AND TERRORIST FINANCING ACTS AND REGULATIONS.

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 1-800-665-0357.

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 C. FOR FURTHER INFORMATION ON THE PRIVACY POLICY, PLEASE VISIT WWW.AGRIFINANCE.CA