

# 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



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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? YEARS / MONTHS	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		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 YEARS / MONTHS	CUSTOM OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW LONG CUSTOM OPERATING? YEARS / MONTHS	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 \$			OPERATING LINES \$	CREDIT CARDS \$		
LIVESTOCK \$	EQUIPMENT/MACHINERY \$			ACCOUNTS PAYABLE \$	LOANS \$		
BUILDINGS \$	LAND \$			MORTGAGE \$	OTHER \$		
OTHER \$							
TOTAL ASSETS \$				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

NET INCOME TOTAL SALES

MAIN FINANCIAL INSTITUTION & LOCATION TOTAL EXPENSES

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

Form for co-applicant information including fields for last name, first and middle name, address, town, province, postal code, phone, cell, fax, email, date of birth, SIN, country of citizenship, do you have off farm income?, employer, employer address, town, province, position, how long?, gross annual employment income, have you ever filed for bankruptcy?, if yes, what year?

7 FOR CORPORATIONS/PARTNERSHIPS/NON-PROFIT ORGANIZATIONS

Form for corporations/partnerships/non-profit organizations including sections for individuals with authority to bind entity, names of all directors and their occupations, and names/addresses of all shareholders and/or beneficial owners with 25% or more direct or indirect control.

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

Form for third party determinations including a note about involvement with the account and sections A (Third Party is an Individual) and B (Third Party is an Entity) with fields for name, address, town/province, phone number, date of birth, business name, and nature of relationship.

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.

Signature lines for APPLICANT, DATE, CO-APPLICANT, and 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