

All fields are mandatory. Please initial and sign the form before sending it.

You have 3 options to submit your application:

- **By email:** agricard.app@desjardins.com
- **By fax:** 1-866-720-4210
- **By mail:** AgriCard, c/o Commercial Credit / Courier, PO BOX 11070 stn Centre-ville, Montreal (QC) H3C 9Z9

REFERENCE

 Caisse Transit Number

1. CARD INFORMATION

AgriCard Annual fee per card: \$0 Annual interest rate on the regular limit applicable to day-to-day purchases: Up to 15.9%	Credit limits requested on the card	Regular limit for day-to-day purchases: _____ \$
		Financing limit: _____ \$
		Total: _____ \$

2. BUSINESS OR PERSONAL INFORMATION

Complete legal name (Business or Personal)		Company operating name (if different from legal name)		Name to appear on card <input type="checkbox"/> Legal name <input type="checkbox"/> Company name	
Physical Address (Head office)		Suite	City		Province
Postal code					
Company startup date (DD/MM/YYYY)		In case of a start-up business, initial capital investment \$ _____			
Telephone number	Fax number	Type of business: <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Sole proprietorship/Individual <input type="checkbox"/> Non-profit organization - NPO <input type="checkbox"/> Limited partnership			
Business sector		Nature of business			
E-mail address					

3. BUSINESS FINANCIAL INSTITUTION

Are you already a Desjardins member or client? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of your Desjardins advisor			
Name of financial institution		Transit number		Account number	

4. REQUIRED DOCUMENTS

- Excerpt of resolution is mandatory for all non-profit organization (NPO) applications and corporation applications of \$15,000 or more.
 - Please note that the company's financial statements may be requested as part of the analysis of this application.

5. IDENTIFICATION OF THE AUTHORIZED CARDHOLDERS

Note: Each authorized representative will receive a card

Last name/First name		Date of birth (DD/MM/YYYY)	Function in the company
Last name/First name		Date of birth (DD/MM/YYYY)	Function in the company

If you require more than 2 cards, please enclose the list of additional authorized representatives. The list of authorized representatives above remains valid and the company is responsible for all debts incurred by them, until such time as the company informs the Federation des caisses Desjardins du Quebec of any changes to be made.

6. FARM INFORMATION

# Years Farming	# Of Acres Owned	# Of Acres Rented	# Of Acres Cultivated (Avg)	# Of Range Acres (Ranch)
Type of Farm (Check all applicable) <input type="checkbox"/> Grain <input type="checkbox"/> Oilseed <input type="checkbox"/> Corn <input type="checkbox"/> Soybean <input type="checkbox"/> Pulse <input type="checkbox"/> Hay <input type="checkbox"/> Other (List) : _____				Are assets listed (aside) held personally or in business name?
Livestock (Qty) <input type="checkbox"/> Beef (_____) <input type="checkbox"/> Dairy (_____) <input type="checkbox"/> Hog (_____) <input type="checkbox"/> Horse (_____) <input type="checkbox"/> Poultry (_____) <input type="checkbox"/> Other (_____)				
Last Fiscal Year-End	Total Sales	Total Expenses	Net Income	

7. INITIALS

Initials of owners/shareholders/members/associates/authorized signatories

Initials of sureties/guarantors (in the case of a corporation/general partnership/limited partnership)

Please copy this section if needed.

Each owner/shareholder/member/associate holding 25% or more of the business or director must fill out a separate copy of this page.

8. BUSINESS INFORMATION	
Complete legal name	Physical Address (Head office)

9. OWNER/SHAREHOLDER/ASSOCIATE/MEMBER/DIRECTOR INFORMATION							
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	First name	Last name			Language preference <input type="checkbox"/> English <input type="checkbox"/> French		
<input type="checkbox"/> Director <input type="checkbox"/> Individual owning 25 % or more of the company. Indicate the _____ % of ownership (if corporation)	Date of birth (DD/MM/YYYY)	Home phone no.		Cell phone no.		Social insurance no. (optional)	
Home address		Apt no.	City	Province	Postal code	Country of citizenship	

10. PERSONAL AND PROFESSIONAL FINANCIAL INFORMATION					
Current employer or source of income	Position in the company	Gross monthly income \$	Work phone no.		
Financial institution	Financial institution name	Transit no.	Account no.		
Residence	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other				
Off Farm Employment	Employer	Address	Occupation	Income	Duration of Emploment

11. CERTIFICATE OF INCUMBENCY FOR CORPORATION ONLY	
<p>I, the undersigned _____ (indicate title) of _____ (name of corporate entity), hereby certify that (i) I am a person with authority in the corporation, as one of its officers or directors; (ii) I have personal knowledge of the business of the corporation and of the facts certified under my signature and I am duly authorized to certify same; (iii) the corporation has the power and capacity to submit this application and the borrowing powers necessary to use the AgriCard; and (iv) the following persons are duly elected or nominated directors or officers of the corporation, as the case may be, and as of today occupy the position(s) set opposite their names, and that the signatures appearing hereunder constitute the true signature of each of these persons:</p> <p>_____</p> <p>Business representative's name Position Signature</p> <p>_____</p> <p>Business representative's name Position Signature</p>	<p>These persons have the authority and power to bind the corporation in regards to the AgriCard and, more specifically, to sign and approve any and all document, or supporting document, related to the application to the Fédération des caisses Desjardins du Québec and to submit any and all requests, now or in the future, of modification, increase to the credit limit and/or for additional card(s).</p> <p>In witness thereof I have signed this certificate on _____ (date) in _____ (place).</p> <p>_____</p> <p>Officer's or director's signature</p> <p>_____</p> <p>Printed</p>

12. RESPONSIBILITIES AND AUTHORIZATIONS	
<p>Card application</p> <p>The undersigned applicant in the case of an individual or a sole proprietorship, the partners in the case of a joint venture, the enterprise as identified above and represented for the purposes hereof by its duly authorized signatories in the case of a legal person, and by its duly authorized partners in the case of a general partnership (hereinafter the "undersigned") request the Fédération des caisses Desjardins du Québec (the "Fédération") to issue one or more AgriCard in their name and in the name of their enterprise, as the case may be, to renew them or replace them, as needed, for their use and that of the authorized representatives whose names appear on the preceding page and in the Schedule "List of Authorized Representatives", as the case may be. The credit limit requested by the enterprise for each of the applicants and representatives is indicated for each of these names. In the case of a joint venture, if more than one applicant signs this application, they shall be solidarily (jointly and severally) responsible for all debts and obligations arising from the commitments described above, which are indivisible and may be claimed in full from their heirs, legatees and assigns.</p> <p>Commitments and responsibilities</p> <p>The undersigned undertake to pay the fees indicated on the preceding page and to pay all other debts contracted regarding the use of said cards and any product related thereto, including those that may exceed the credit limits granted and any changes thereto. They also undertake that the AgriCard card or cards be used by the authorized representatives according to the terms and conditions of the Fédération's variable credit contract accompanying the card or cards and are liable for any debts or obligations resulting from non-compliance with these terms and conditions. The partners of a joint venture and a general partnership are solidarily (jointly and severally) responsible for all debts and obligations arising from the commitments described above, which are indivisible and may be claimed in full from their heirs, legatees and assigns.</p>	<p>Solidary suretyship/Joint and several guarantee</p> <p>If this application is submitted by a corporation, a general partnership or a limited partnership, the undersigned hereby solidarily guarantees the obligations of the enterprise identified above to the Fédération for (i) all debts and obligations arising from the use of the AgriCard or cards issued hereunder, including the repayment of the amounts which may exceed the credit limits granted and any change thereto, in principal and interest, (ii) any charges and interest on the amounts due, at the same rate as the rate claimable from the enterprise effective from the request for payment which will be made to the enterprise by the Fédération. This suretyship/guarantee will be continuous and will remain valid, notwithstanding the occasional, total or partial repayment of the debts of the enterprise, and will bind the undersigned guarantor and its succession unless the undersigned has given the Fédération twenty (20) days' written notice expressing the undersigned's desire to terminate this suretyship/guarantee. This notice will have effect and will release the undersigned from liability only for the debts contracted by the enterprise after the expiry of the twenty (20) days stipulated above. In the event of the death of the undersigned before he or she has exercised his or her right of revocation, this suretyship/guarantee will cease as soon as the Fédération is informed of the undersigned's death in writing, and the successors will be released only from the debts contracted after receipt of this notice. If more than one surety/guarantor signs this application, they are solidarily (jointly and severally) responsible for all debts and obligations arising from this guarantee, which are indivisible and may be claimed in full from their heirs, legatees and assigns. This suretyship/guarantee does not pertain to the performance of specific functions and is given on a purely personal basis.</p>

Authorizations for the collection and disclosure of information

In accordance with the laws governing the protection of personal information, the following consents are given, by the applicant in the case of an individual or a sole proprietorship, the partners in the case of a joint venture, the enterprise as identified above and represented for the purposes hereof by its duly authorized signatories in the case of a legal person, and by its duly authorized partners in the case of a general partnership as well as the sureties/guarantors as the case may be (hereinafter the "undersigned"), namely:

- The undersigned represent that the information contained herein is complete and accurate;
- The undersigned consent that the Fédération may collect from any person the information necessary for the provision of all the financial services required by the object of the file or the suretyship /guarantee granted herein, as the case may be. This consent shall apply to the update of the information for the purposes of allowing the Fédération to analyze at a future time the commitments of the undersigned to the Fédération, in particular in case of renewals, amendments or changes in their business relationship.
- The undersigned consent that any person may communicate such information to the Fédération, even if it pertains to a closed or inactive file.
- The undersigned consent that the Fédération may communicate the information concerning them to any financial institution, information agent, credit bureau, or any other person with whom the Fédération or the undersigned maintain a business relationship related to the provision of financial services required in accordance with the object of the file or the suretyship/guarantee granted herein, as the case may be.
- The company, through its signing authorities, or the applicants if the company is a joint venture or any other type of company, agrees that it will provide the Fédération upon request the addresses and telephone numbers of the authorized representatives and recognizes that it is the company's responsibility to obtain the consent to this effect of said representatives, if applicable.

Date (DD/MM/YYYY)	Name of the applicant / partner / authorized signatory of the company	Signature of the applicant / partner / authorized signatory of the company
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If this application is made by a CORPORATION or a GENERAL PARTNERSHIP or LIMITED PARTNERSHIP, the surety / guarantor's signature is also required.

Date (DD/MM/YYYY)	Name of the surety / guarantor	Signature of the surety / guarantor
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