

AGRICREDIT ACCEPTANCE CANADA, A DIVISION OF DE LAGE LANDEN FINANCIAL SERVICES CANADA INC. APPLICATION FOR CREDIT

APPLICANT'S NAME (Last, First, Middle)				SOCIAL INS. NO.		DATE OF BIRTH		HAVE YOU EVER USED AAC BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES	
MAILING ADDRESS				CITY		PROVINCE		POSTAL CODE	
PHYSICAL ADDRESS OF RESIDENCE (If Different Than Mailing Address)				COUNTY (REQUIRED)		E-MAIL ADDRESS			
HOME TELEPHONE NUMBER				MARITAL STATUS		YRS AT CURRENT ADDRESS			
WORK OR CELL TELEPHONE NUMBER				<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated					
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		CITY		PROVINCE		TELEPHONE NUMBER		RELATIONSHIP	
LEGAL NAME OF BUSINESS UNDER WHICH YOU OPERATE				TYPE OF BUSINESS <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> OTHER (Please specify) _____					
FED TAX ID#									
IF BUSINESS TYPE IS PARTNERSHIP, LLC OR CORPORATION, PLEASE PROVIDE INFORMATION FOR ALL PARTNERS, OWNERS OR OFFICERS BELOW									
OWNER/PARTNER/OFFICER	SOCIAL INS. NO.	RESIDENCE (CITY, PROVINCE)	DATE OF BIRTH	TELEPHONE	% OWNED	TITLE			
BUSINESS ADDRESS (CHIEF EXECUTIVE OFFICE)		CITY		COUNTY		PROVINCE		POSTAL CODE	
EQUIPMENT USE: FARM ___% CUSTOM WORK ___% FORESTRY ___% COMMERCIAL ___% INDUSTRIAL ___% RENTAL YARD ___% PERSONAL ___% OTHER ___% (Please describe)									
YEARS IN BUSINESS		COUNTY & PROVINCE IN WHICH EQUIPMENT WILL BE KEPT							
	PRIMARY LENDER NAME	CITY, PROVINCE		YEARS	TELEPHONE	CONTACT NAME			
OPERATING									
MACHINERY									
BANK									
EMPLOYER		CITY, PROVINCE			YEARS		ANNUAL GROSS INCOME		
SOURCE OF OTHER INCOME		FREQUENCY			SOURCE OF OTHER INCOME		FREQUENCY		
AMOUNT \$					AMOUNT \$				
COMPLETE THE SECTION BELOW IF YOU HAVE INCOME FROM AGRICULTURE									
DO YOU FARM? FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> # OF ACRES OWNED ____ # OF ACRES RENTED ____									
	KIND OF CROP	NO. OF ACRES	INCOME DATE	ESTIMATED AMOUNT	OTHER INCOME	AMOUNT			
SEASONAL				\$		\$			
INCOME				\$		\$			
IF LOAN IS > \$100,000 AND < \$250,000		TOTAL ASSETS \$		TOTAL LIABILITIES \$		STATEMENT AS OF (MM/DD/YY)			

Have I/we had any unsatisfied judgments rendered against me/us in the past 7 years, had equipment repossessed in the past 7 years, or been declared bankrupt in the past 10 years? (yes/no) ____ Please attach an explanation for any yes answer.

By signing below, Applicant: (1) affirms that the information provided in this application, including the reverse side if completed, is true and correct and given for the purpose of obtaining credit; (2) understands that if credit is extended, the Agrifit Acceptance Entities will rely on such information to secure the indebtedness; and authorize and instruct my references and current and former employers to release such information to Agrifit Acceptance Entities; (3) authorizes references to provide all relevant information to the Agrifit Acceptance Entities; (4) authorizes the Agrifit Acceptance Entities to investigate and obtain reports concerning credit history; and (5) consents to and accepts this as written notice of the Agrifit Acceptance Entities obtaining, collecting, using, disclosing, investigating, retaining or exchanging Personal Information about Applicant and information concerning Applicant's credit experience with Agrifit Acceptance Entities and their decision whether or not to extend any credit from, to or with any other person in connection with any arrangement Applicant has with or through the Agrifit Acceptance Entities or Applicant may wish to establish with any Agrifit Acceptance Entities in accordance with the Privacy Practices Notice that accompanies this Application. Applicant acknowledges receipt of such Privacy Practices Notice and waives any right to confidentiality that may exist with respect to the release, exchange, retention or sharing of Personal Information about Applicant and Applicant agrees that the Agrifit Acceptance Entities are authorized to retain and use any information obtained as part of the application process whether or not the requested credit is granted. All capitalized terms used in this Application shall have the meanings attributed to them in the Privacy Practices Notice that accompanies this Application.

If this application amount PLUS all existing debt payable to Agrifit Acceptance Entities is \$250,000 or more or upon request of Agrifit Acceptance, then please provide the additional information requested on the next page.

Signature

Date