

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				
G	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	CITY	PROVINCE	TELEPHONE NUMBER	RELATIONSHIP	
E	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) _____				
N	FED TAX ID#					
IF BUSINESS TYPE IS PARTNERSHIP, LLC OR CORPORATION, PLEASE PROVIDE INFORMATION FOR ALL PARTNERS, OWNERS OR OFFICERS BELOW						
E	OWNER/PARTNER/OFFICER	SOCIAL INS. NO.	RESIDENCE (CITY, PROVINCE)	DATE OF BIRTH	TELEPHONE	% OWNED TITLE
R						
A	BUSINESS ADDRESS (CHIEF EXECUTIVE OFFICE)	CITY	COUNTY	PROVINCE	POSTAL CODE	
L	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	SOURCE OF OTHER INCOME				
	AMOUNT \$ FREQUENCY	AMOUNT \$ FREQUENCY				
COMPLETE THE SECTION BELOW IF YOU HAVE INCOME FROM AGRICULTURE						
A	DO YOU FARM?	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	# OF ACRES OWNED _____	# OF ACRES RENTED _____	
G		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)		

STOP HERE . . . AND SIGN BELOW IF

1) this application amount PLUS all existing debt payable to Agricredit is LESS THAN \$250,000

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, Agricredit Acceptance Canada, a division of De Lage Landen Financial Services Canada Inc., its agents, servicers, affiliates and assigns ("AAC Entities"), will rely on such information to secure the indebtedness; (3) authorizes references to provide all relevant information to the AAC Entities; (4) authorizes the AAC Entities to investigate and obtain reports concerning credit history; and (5) authorizes the AAC Entities to release to, and share and exchange with: (a) any other AAC Entities, (b) any manufacturer of any equipment covered by this application, and (c) any dealer who may sell or lease any of the equipment covered by this application or who may submit or originate this application, any information concerning Applicant or Applicant's credit experience with the AAC Entities and their decision whether or not to extend any credit. Applicant waives any right to confidentiality that may exist with respect to the release, exchange or sharing of such information. The AAC Entities are authorized to retain any information obtained as part of the application process whether or not the requested credit is granted.

Signature

Date

Signature (Partner/Co-signor/Guarantor)

Date