

* required information

Sandra Rogers

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1. SUPPLIER & TRANSACTION DETAILS

AGRICULTURAL CREDIT APPLICATION

Phone Number : Fax Number : Sales Representative Name * Equipment Description (Year, Make, Model etc): Land Co-ordinates Where Stationary Equipment to be Located: * Equipment Condition : ■ New ■ Used *Cost * Term * Payment Frequency : Trade-In: 2. CUSTOMER DETAILS * Legal Name of Company (if applicable): Incorporation Date: Ltd./Inc. Operating Name (if applicable): ☐ Partnership □ Proprietorship Mailing Address: * City : * Province : * Billing Address: ☐ Home ☐ Work * Postal Code : * Phone Number : Company Website: ■ Mobile * Type of Farm Operation : □ Cattle ☐ Grain Dairy ■ Poultry ☐ Hog ☐ Other (Description) * Number of Years Farming * Number of Employees (Quebec) Gross Yearly Secondary Income: Gross Annual Income: Amount of Land Rented : Quota Value * Amount of Land Owned: Amount of Land Cultivated : * Number of Livestock * First Name : * Middle * Last Name : * Suffix : * Email Address : Month Day Year Social Insurance Number (optional) * Date of Birth * Home Address * City : Province : * Postal Code : Phone Number: ■ Work ☐ Home ■ Mobile * First Name * Last Name Month Day Year Social Insurance Number (optional) Email Address : * Date of Birth * Home Address: * City: * Province : ☐ Work * Postal Code : Phone Number : ☐ Home ■ Mobile NET WORTH STATEMENT REQUIRED IF APPLICATION IS \$75,000 OR OVER I/We, the applicant, principal and/or guarantor each: acknowledge that providing a social insurance number is optional and not a condition to obtaining a credit review; consent to the collection, use and disclosure of personal information for the purposes of credit adjudication by the Lessor/Lender and its funders and to enable the Lessor/Lender and its assignees to provide financing and to promote the products and services of the Lessor/Lender and its affiliates; and consent to the Lessor/Lender and its funders obtaining information relating to the applicant, principal and/or guarantor from credit reporting agencies in connection with this application. Date : ____ Signature: Date : __ Signature: