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. DA [*]			ATE OF BIRTH HAVE YOU			OU EVE	EVER USED AAC BEFORE?	
														□ NO □ YES			
	MAILING ADDRESS							CITY					PROVINCE			POSTAL CODE	
	PHYSICAL ADDRESS OF RESIDENCE (If Different Than Mailing Address)								COUNTY (REQUIRED) E-MAIL ADDR					RESS			
	HOME TELEPHONE NUMBER							MARITAL STATUS YRS AT CURRENT					ADDRESS	s			
_	WORK OR CELL TELEPHONE NUMBER NAME OF NEAREST RELATIVE NOT LIVING WITH YOU							U Offinial fied U 3					TELEDI			T ==: :=:=:::::::::::::::::::::::::::::	
G	NAME OF NEAREST	NAME OF NEAREST REDAINS NOT EIVING WITH TOU					CITY		PR		PROVINCE	1 TELEPP		HONE NUMBER		RELATIONSHIP	
E	LEGAL NAME OF BUSINESS UNDER WHICH YOU OPERATE						PE OF BUSINESS LIMITED PARTNERSHIP LIMITED L'ABILIT] INDIVIDUAL GENERAL PARTNERSHIP OTHER (Plea							TYCOMPANY (LLC) CORPORATION ase specify)			
N												. "	_				
	IF BUSINESS TYPE IS PARTNERSHIP, LLC OR CORPORATION, PLEASE PROVIDE INFORMATION FOR ALL PARTNERS, OWNERS OR OFFICERS BELOW												-OW				
E						DENCE (INCE) DAT				ELEPHONE		% OWNE)		TITLE		
_						<u> </u>											
R																	
Α	BUSINESS ADDRESS (CHIEF EXECUTIVE OFFICE)				СІТ	CITY			COUNTY		,	PROVINCE		POSTAL CODE		AL CODE	
L	EQUIPMENT USE: I	ARM9	% CUSTOM WO	RK	_% FOR	RESTRY_	% CO	MMERCI	AL	_% INDU	JSTRAIL	% F	RENTAL Y	ARD	% P	ERSONAL%	
		OTHER	% (Please de	escribe)													
	YEARS IN BUSINE	WHICH EQ	EQUIPMENT WILL BE KEPT														
	PRIMARY LENDER NAME						CITY, PROVI			YEARS		TEL		ELEPHONE		CONTACT NAME	
	OPERATING								1								
	MACHINERY										1						
	BANK														+	· · ·	_
	EMPLOYER					C	CITY, PROVI	NCE					Y	YEARS		ANNUAL GROSS INCOME	
	COMBOE OF OTH	<u> </u>	SOURCE OF OTHER INCOME							Ц							
	SOURCE OF OTHER INCOME AMOUNT \$ FREQUENCY												FREQU	FREQUENCY			
co	COMPLETE THE SECTION BELOW IF YOU HAVE INCOME FROM AGRICULTURE																
Α	DO YOU FARM?	FULL TIME	E PAF	RTTIME		# OF #	ACRES OWN	NED		# OF A	CRES REN	ITED					
^	KIND OF CROP			1	FACRES	т	INCOME DATE			ESTIMATED AMOUNT			OTHER INCOME			AMOUNT	
G	SEASONAL KIND OF CROP					1			\$							\$	
	INCOME							\$								\$	
<u></u>				1													
	OAN IS > \$100,000 > < \$250,000	то	TOTAL LIABILITIES \$ STATEMEN							NT AS OF (MM/DD/YY)							
Have I/we had any unsatisfied judgments rendered agains t 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 Agricredit 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 Agricredit Acceptance Entities; (3) authorizes to provide all relevant information to the Agricredit Acceptance Entities to investigate and obtain reports concerning credit history; and (5) consents to and accepts this as written notice of the Agricredit Acceptance Entities obtaining, collecting, using, disclosing, investigating, retaining or exchanging Personal Information about Applicant and information concerning Applicant's credit experience with Agricredit 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 Agricredit Acceptance Entities or Applicant may wish to establish with any Agricredit 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 and Applicant and Entities 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.														he (3) ate ng, ith to he is			
																<u>,000</u> or more or n the next page.	,
			Signature								Date						
	AAC 3942 Cdn (Fax) (11/08)						Signature (Partner/Co-signor/Guarantor)								Date		