



**AGRICULTURE CREDIT APPLICATION**

Legal Name of Farm \_\_\_\_\_

Operating Name \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Land Coordinates \_\_\_\_\_

Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

SIN \_\_\_\_\_ DOB \_\_\_\_\_ No. of years farming \_\_\_\_\_  
(yyyy/mm/dd)

Gross Yearly Revenue \_\_\_\_\_ Secondary Income \_\_\_\_\_

Type of Farm Operation Grain/ Cattle/ Dairy/ Hog/ Poultry/Other (desc :) \_\_\_\_\_

Amount of Land Owned \_\_\_\_\_ Rented \_\_\_\_\_ Cultivated \_\_\_\_\_

Amount of Livestock \_\_\_\_\_ Amount of Breeding Livestock \_\_\_\_\_

**FINANCIAL INFORMATION**

Bank \_\_\_\_\_ How Long \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_ Location \_\_\_\_\_

**TRADE REFERENCES**

Company \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

**DEALER INFORMATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Cost of Equipment \_\_\_\_\_ Lease Term \_\_\_\_\_

Description of Equipment \_\_\_\_\_ New or Used??

Preferred Payment Plan: Seasonal Semi Annual Monthly Custom (circle one)

The undersigned certifies the above information to be true and correct. By signing below, I consent and authorize the following entities: Lease Link Equipment Finance Corp., Lease Link Canada Corp. Medi Credit a division of Lease Link Canada Corp., Lease Link Capital Corp., (hereinafter, collectively known as Lease Link) and its representatives, at any time to obtain on an on-going basis, verify, use, communicate with and disclose to third parties (including credit reporting agencies, credit exchanges, leasing brokers, and credit grantors, on an on-going basis) any of my credit, financial, and personal information that Lease Link deems necessary to complete, service or enforce any lease, ancillary deed or transaction, including but not limited to assignments and securitizations. You authorize us to collect, hold, exchange and disclose your personal information as requested in order to administer your contract & determine your insurance eligibility as required or permitted by law. You also authorize us to use your personal information for internal statistical analysis purposes. If you would like to review your own personal information, correct or revise existing information, have any questions, concerns or comments regarding it's application please fax 1-780-414-0615 (Attn: Privacy Office) or mail #205, 10471 – 178St. Edmonton, AB T5S 1R5 Attn: Privacy Office. (10132005)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_