



ATT: _____
 Fax: _____
 Phone: _____

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AGRICULTURAL CREDIT APPLICATION

1. SUPPLIER & TRANSACTION DETAILS							
Date:		Supplier:					
Phone Number:		Fax Number:		Sales Rep Name:			
Current National Leasing Customer?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Can National Leasing Contact the Customer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment Description (year, make, model etc.):							
Is the Equipment:		<input type="checkbox"/> New <input type="checkbox"/> Used		Cost:	\$	Term:	Payment Stream:

2. LESSEE DETAILS											
Full Legal Name:				Date of Birth:		Month	Day	Year	Social Insurance Number:		
Operating Name:							E-mail Address:				
Mailing Address:							Phone No.:				
Land Co-ordinates:				Cell Phone No.:			Fax No.:				
Town:				Province:			Postal Code:				
Type of Farm Operation: <input type="checkbox"/> Grain <input type="checkbox"/> Dairy <input type="checkbox"/> Cattle <input type="checkbox"/> Poultry <input type="checkbox"/> Hog <input type="checkbox"/> Other (description):											
No. of Years Farming:				Gross Yearly Revenue:				Secondary Income:			
Amount of Land Owned:			Amount of Land Rented:			Amount of Land Cultivated:			No. of Livestock:		

3. BANK REFERENCE			
Bank:	Branch:		How Long:
Contact:	Phone Number:		Fax Number:

4. TRADE REFERENCES		
Name & Address:	Contact:	Phone No.:
Name & Address:	Contact:	Phone No.:

NET WORTH STATEMENT REQUIRED IF APPLICATION IS \$40,000 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 and its funders and to enable the Lessor and its assignees to provide leasing services; and
- consent to the Lessor and its funders obtaining information from credit reporting agencies and listed references in connection with this application.

Signature of Applicant _____ **Date:** _____