



AGRICULTURAL CREDIT APPLICATION

Account Manager: NATALEE POLLARD T:1- 877-242-2202 X 5898 F: 1-877-536-9481
 Sales Associate: MARIAM LAURIN 1-877-507-5074 F: 1-877-536-9481

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Equipment Description (year, make, model etc.):					
Is the Equipment: <input type="checkbox"/> New <input type="checkbox"/> Used		Price:	Term:	Payment Stream:	

2. LESSEE DETAILS					
Legal Name of Company (if applicable)				<input type="checkbox"/> Ltd./Inc.	Incorporation Date:
Operating Name (if applicable)				<input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	
Legal Surname:	Given Name & Middle Initial	Date of Birth:	Month	Day	Year
				Social Insurance Number:	
Legal Surname (if partnership):	Given Name & Middle Initial	Date of Birth:	Month	Day	Year
				Social Insurance Number:	
Home/Work Phone:	Cell Phone:	Fax No.:		E-mail Address:	
Mailing Address:			Land Co-ordinates:		
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:		Contact:	Phone #:
Have you ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, when what date was the discharge?	Date:

4. Additional Info		
Trade Reference:	Contact:	Phone No.:
Insurance Agent:	Contact:	Phone No.:

NET WORTH STATEMENT REQUIRED IF APPLICATION IS \$40,000 OR OVER/ AG App Pg 2

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:** _____