



Please fax your completed application to 1-855-777-0545.
 All fields are mandatory.

FOR MERCHANT ONLY

SECTION A		METHOD OF FINANCING ** Section not to be completed by Seed merchants				FINANCING AMOUNT REQUESTED
CREDIT CARD LIMIT (REGULAR LIMIT)	TOTAL FINANCING LIMIT	CHECK ONE	<input type="checkbox"/> DEFERRED PAYMENT FINANCING PLAN	<input type="checkbox"/> INSTALLMENT FINANCING PLAN		\$
\$	\$		PLAN NO.:	GRACE PERIOD:	TERM:	INTEREST RATE:
SECTION B MERCHANT'S INFORMATION						
MERCHANT'S NAME	DESJARDINS MERCHANT NUMBER	MERCHANT'S TELEPHONE NO.	MERCHANT'S FACSIMILE NO.	CONTACT		

Regular limit must correspond to the total regular limit on the card
 Financing limit must correspond to the total financing limit on the card
 Financing amount requested must correspond to the final amount of this sale transaction

1. CARD INFORMATION
AgriCard Card: Annual interest rate on the regular limit: Up to 15.9% Annual fee per card: \$0

2. BUSINESS OR PERSONAL INFORMATION			
Complete legal name (Business or Personal) (26 characters maximum)	Company operating name (if different from legal name) Business or Personal	Name to appear on card <input type="checkbox"/> Legal name <input type="checkbox"/> Company name	
Address (Head office)	Suite	City	Province
			Postal code
Company startup date (DD/MM/YYYY)	In case of a start-up business, initial capital investment \$		
Telephone number	Fax number	Type of business:	<input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Sole proprietorship/individual <input type="checkbox"/> Non-profit organization - NPO <input type="checkbox"/> Limited partnership or Government
How Long In Business	Business sector	Nature of business	
E-mail address			

3. BUSINESS FINANCIAL INSTITUTION		
Name of financial institution	Transit number	Account number

4. REQUIRED DOCUMENTS
- Financial statements mandatory for any application of more than \$50,000. - Excerpt of resolution is mandatory for corporation and NPO for any application of \$15 000 and more.

5. IDENTIFICATION OF THE AUTHORIZED CARDHOLDERS	
Last name/First name	Date of birth (DD/MM/YYYY)
Last name/First name	Date of birth (DD/MM/YYYY)
Last name/First name	Date of birth (DD/MM/YYYY)
Last name/First name	Date of birth (DD/MM/YYYY)

If you require more than 4 cards, please enclose the list of additional authorized representatives. The list of authorized representatives above remains valid and the company is responsible for all debts incurred by them, until such time as the company informs the Federation des caisses Desjardins du Quebec of any changes to be made.

6. FARM INFORMATION Mandatory for all Farm applicants				
# Years Farming	# Of Acres Owned	# Of Acres Rented	# Of Acres Cultivated (Avg)	# Of Range Acres (Ranch)
Type of Farm (Check all applicable)				Are assets listed (aside) held personally or in business name?
<input type="checkbox"/> Grain <input type="checkbox"/> Oilseed <input type="checkbox"/> Corn <input type="checkbox"/> Soybean <input type="checkbox"/> Pulse <input type="checkbox"/> Hay <input type="checkbox"/> Other (List) : _____				
Livestock (Qty)				
<input type="checkbox"/> Beef (_____) <input type="checkbox"/> Dairy (_____) <input type="checkbox"/> Hog (_____) <input type="checkbox"/> Horse (_____) <input type="checkbox"/> Poultry (_____) <input type="checkbox"/> Other (_____)				
Last Fiscal Year-End	Total Sales	Total Expenses	Net Income	

 Initials of owners/shareholders/members/associates/authorized signatories

 Initials of sureties/guarantors
 (in the case of a corporation/general partnership/limited partnership)

Complete the following page