



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:	
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
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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) <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) : _____				Are assets listed (aside) held personally or in business name?
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



Please copy this section if needed.

Each owner/shareholder/member/associate holding 25% or more of the business must fill out a separate copy of this page.

All Personal Applicants must also complete page 2.

7. BUSINESS INFORMATION	
Complete legal name	Address (Head office)

8. PERSONAL/OWNER/SHAREHOLDER/ASSOCIATE/MEMBER INFORMATION							
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	First name	Last name			Language preference <input type="checkbox"/> English <input type="checkbox"/> French		
Ownership %	Date of birth (DD/MM/YYYY)	Home phone no.	Cell phone no.		Social insurance no. (optional)		
Home address		Apt no.	City	Province	Postal code	Country of citizenship	

9. PERSONAL AND PROFESSIONAL FINANCIAL INFORMATION					
Current employer or source of income	Position in the company		Gross monthly income \$	Work phone no.	
Financial institution	Financial institution name		Transit no.	Account no.	
Residence	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other				
Off Farm Employment	Employer	Address	Occupation	Income	Duration of Emploment

10. CERTIFICATE OF INCUMBENCY FOR COORPORATION ONLY	
<p>I, the undersigned _____ (indicate title of _____ (name of corporate entity), hereby certify that (i) I am a person with authority in the corporation, as one of its officers or directors; (ii) I have personal knowledge of the business of the corporation and of the facts certified under my signature and I am duly authorized to certify same; (iii) the corporation has the power and capacity to submit this application and the borrowing powers necessary to use the AgriCard; and (iv) the following persons are duly elected or nominated directors or officers of the corporation, as the case may be, and as of today occupy the position(s) set opposite their names, and that the signatures appearing hereunder constitute the true signature of each of these persons:</p> <p>Business representative's name Position Signature _____</p> <p>Business representative's name Position Signature _____</p>	<p>These persons have the authority and power to bind the corporation in regards to the AgriCard and, more specifically, to sign and approve any and all document, or supporting document, related to the application to the Fédération des caisses Desjardins du Québec and to submit any and all requests, now or in the future, of modification, increase to the credit limit and/or for additional card(s).</p> <p>In witness thereof I have signed this certificate on _____ (date) in _____ (place).</p> <p>_____ Officer's or director's signature</p> <p>_____ Printed</p>

11. RESPONSIBILITIES AND AUTHORIZATIONS		
<p>Card application</p> <p>The undersigned applicant in the case of an individual or a sole proprietorship, the partners in the case of a joint venture, the enterprise as identified above and represented for the purposes hereof by its duly authorized signatories in the case of a legal person, and by its duly authorized partners in the case of a general partnership (hereinafter the "undersigned") request the Fédération des caisses Desjardins du Québec (the "Fédération") to issue one or more Agricard in their name and in the name of their enterprise, as the case may be, to renew them or replace them, as needed, for their use and that of the authorized representatives whose names appear on the preceding page and in the Schedule "List of Authorized Representatives", as the case may be. The credit limit requested by the enterprise for each of the applicants and representatives is indicated for each of these names. In the case of a joint venture, if more than one applicant signs this application, they shall be solidarily (jointly and severally) responsible for all debts and obligations arising from the commitments described above, which are indivisible and may be claimed in full from their heirs, legatees and assigns.</p> <p>Commitments and responsibilities</p> <p>The undersigned undertake to pay the fees indicated on the preceding page and to pay all other debts contracted regarding the use of said cards and any product related thereto, including those that may exceed the credit limits granted and any changes thereto. They also undertake that the Agricard card or cards be used by the authorized representatives according to the terms and conditions of the Fédération's variable credit contract accompanying the card or cards and are liable for any debts or obligations resulting from non-compliance with these terms and conditions. The partners of a joint venture and a general partnership are solidarily (jointly and severally) responsible for all debts and obligations arising from the commitments described above, which are indivisible and may be claimed in full from their heirs, legatees and assigns.</p>	<p>Solidary suretyship/Joint and several guarantee</p> <p>If this application is submitted by a corporation, a general partnership or a limited partnership, the undersigned hereby solidarily guarantees the obligations of the enterprise identified above to the Fédération for (i) all debts and obligations arising from the use of the Agricard or cards issued hereunder, including the repayment of the amounts which may exceed the credit limits granted and any change thereto, in principal and interest, (ii) any charges and interest on the amounts due, at the same rate as the rate claimable from the enterprise effective from the request for payment which will be made to the enterprise by the Fédération. This suretyship/guarantee will be continuous and will remain valid, notwithstanding the occasional, total or partial repayment of the debts of the enterprise, and will bind the undersigned guarantor and its succession unless the undersigned has given the Fédération twenty (20) days' written notice expressing the undersigned's desire to terminate this suretyship/guarantee. This notice will have effect and will release the undersigned from liability only for the debts contracted by the enterprise after the expiry of the twenty (20) days stipulated above. In the event of the death of the undersigned before he or she has exercised his or her right of revocation, this suretyship/guarantee will cease as soon as the Fédération is informed of the undersigned's death in writing, and the successors will be released only from the debts contracted after receipt of this notice. If more than one surety/guarantor signs this application, they are solidarily (jointly and severally) responsible for all debts and obligations arising from this guarantee, which are indivisible and may be claimed in full from their heirs, legatees and assigns. This suretyship/guarantee does not pertain to the performance of specific functions and is given on a purely personal basis.</p>	
<p>Authorizations for the collection and disclosure of information</p> <p>In accordance with the laws governing the protection of personal information, the following consents are given, by the applicant in the case of an individual or a sole proprietorship, the partners in the case of a joint venture, the enterprise as identified above and represented for the purposes hereof by its duly authorized signatories in the case of a legal person, and by its duly authorized partners in the case of a general partnership as well as the surety/guarantor as the case may be (hereinafter the "undersigned"), namely:</p> <ol style="list-style-type: none"> The undersigned represent that the information contained herein is true; The undersigned consent that the Fédération may collect from any person the information necessary for the provision of all the financial services required by the object of the file or the suretyship granted herein, as the case may be. This consent shall apply to the update of the information for the purposes of allowing the Fédération to analyze at a future time the commitments of the undersigned to the Fédération, in particular in case of renewals, amendments or changes in their business relationship. The undersigned consent that any person may communicate such information to the Fédération, even if it pertains to a closed or inactive file. The undersigned consent that the Fédération may communicate the information concerning them to any financial institution, information agent, credit bureau, or any other person with whom the Fédération or the undersigned maintain a business relationship related to the provision of financial services required in accordance with the object of the file or the suretyship/guarantee granted herein, as the case may be. The company, through its signing authorities, or the applicants if the company is a joint venture or any other type of company, agrees that it will provide the Fédération upon request the addresses and telephone numbers of the authorized representatives and recognizes that it is the company's responsibility to obtain the consent to this effect of said representatives, if applicable. 		
<p>_____ Date (DD/MM/YYYY)</p>	<p>_____ Name of the applicant / partner / authorized signatory of the company</p>	<p>_____ Signature of the applicant / partner / authorized signatory of the company</p>

If this application is made by a CORPORATION or a GENERAL PARTNERSHIP or LIMITED PARTNERSHIP, the surety / guarantor's signature is also required.

<p>_____ Date (DD/MM/YYYY)</p>	<p>_____ Name of the surety / guarantor</p>	<p>_____ Signature of the surety / guarantor</p>
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For questions or assistance please call 1-800-266-5662.