

APPLICANT'S NAME (Last, First, Middle)			SOCIAL INS. NO.	DATE OF BIRTH	HAVE YOU EVER USED DLL BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES	
PHYSICAL ADDRESS OF RESIDENCE / BUSINESS / FARM			CITY	PROVINCE	POSTAL CODE	
MAILING ADDRESS (If Different Than The Physical Address)			COUNTY	E-MAIL ADDRESS		
HOME TELEPHONE NUMBER		MARITAL STATUS		YRS AT CURRENT ADDRESS		
WORK OR CELL TELEPHONE NUMBER		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated				
<b>G</b>	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	CITY	PROVINCE	TELEPHONE NUMBER	RELATIONSHIP	
<b>E</b>	LEGAL NAME OF BUSINESS UNDER WHICH YOU OPERATE	TYPE OF BUSINESS <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> OTHER (Please specify) _____				
<b>N</b>	FED TAX ID#					
<b>IF BUSINESS TYPE IS PARTNERSHIP, LLC OR CORPORATION, PLEASE PROVIDE INFORMATION FOR ALL PARTNERS, OWNERS OR OFFICERS BELOW</b>						
<b>E</b>	OWNER/PARTNER/OFFICER	SOCIAL INS. NO.	RESIDENCE (CITY, PROVINCE)	DATE OF BIRTH	TELEPHONE	% OWNED
<b>R</b>						
<b>A</b>	BUSINESS ADDRESS (HEAD OFFICE)		CITY	COUNTY	PROVINCE	POSTAL CODE
<b>L</b>	<b>EQUIPMENT USE</b> FARM _____% CUSTOM WORK _____% FORESTRY _____% COMMERCIAL _____% INDUSTRIAL _____% RENTAL YARD _____% PERSONAL _____% HOBBY FARM _____% OTHER _____% (Please describe)					
	# OF YEARS IN BUSINESS / FARMING		PROVINCE IN WHICH EQUIPMENT WILL BE KEPT			
	CURRENT EMPLOYER		CITY, PROVINCE		YEARS	ANNUAL GROSS INCOME
	SOURCE OF OTHER INCOME		SOURCE OF OTHER INCOME			
	AMOUNT	\$	FREQUENCY	AMOUNT	\$	FREQUENCY
<b>COMPLETE THE SECTION BELOW IF YOU HAVE INCOME FROM AGRICULTURE</b>						
<b>A</b>	DO YOU FARM? FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>		# OF ACRES OWNED _____		# OF ACRES RENTED _____	
<b>G</b>	SEASONAL INCOME	KIND OF CROP	NO. OF ACRES	INCOME DATE	ESTIMATED AMOUNT	OTHER INCOME SOURCES
					\$	\$
					\$	\$
<b>IF LOAN IS &gt; \$100,000 AND &lt; \$250,000</b>		TOTAL ASSETS \$	TOTAL LIABILITIES \$		STATEMENT AS OF (MM/DD/YY)	

Have I/we had any unsatisfied judgments rendered against me/us in the past 7 years, had equipment repossessed in the past 7 years, or been declared bankrupt in the past 10 years? (yes/no) \_\_\_\_\_ Please attach an explanation for any yes answer.

In connection with an application for credit, De Lage Landen Financial Services Canada Inc. ("DLL") intends to conduct a personal investigation of the undersigned applicant(s), co-applicant(s) and/or guarantor(s), in accordance with DLL's Privacy Policy and Canada's *Personal Information Protection and Electronic Documents Act*. By executing this document, the undersigned: (a) acknowledges and understands that DLL's Privacy Policy is available for review online as document number 323C98S at [www.seemyterms.com](http://www.seemyterms.com) and may be amended from time to time; (b) consents to DLL obtaining, collecting, using, disclosing, investigating, retaining or exchanging his or her personal information (as defined in DLL's Privacy Policy) for the purpose of assessing credit worthiness in connection with financing transactions, making decisions about credit applications, monitoring, evaluating, servicing and collecting on the accounts established to the granting of such credit and responding to inquiries about credit applications, the undersigned, and relevant accounts and files; (c) consents to DLL establishing and maintaining a file of personal information and acknowledges that DLL may retain any personal information obtained as a part of the application process whether or not the requested credit is granted; (d) authorizes DLL to conduct a personal investigation of the undersigned, including the investigation of credit records, obtaining consumer credit reports, obtaining any other available reports concerning the credit history of the undersigned and contacting any references and any current or former employers of the undersigned; (e) authorizes and instructs any reference and any current or former employer to release information to DLL as requested by DLL; (f) consents to DLL disclosing consumer and other credit information in accordance with DLL's Privacy Policy to credit reporting agencies, credit bureaus and any other person or entity with whom the undersigned has or have had a financial relationship at any time that any credit granted as a result of this application remains unpaid; and (g) confirms that the information provided to DLL (including electronically in an electronic application for credit, a copy of which has been received by the undersigned) is true and correct and given for the purposes of obtaining credit from DLL.

**If this application amount PLUS all existing debt payable to DLL Entities is \$250,000 or more or upon request of DLL, then please provide the additional information requested on the next page.**

_____ Signature	_____ Date
_____ Signature (Partner / Co-signor / Guarantor)	_____ Date

**Two years of Accountant Prepared Financial Statements  
(Balance Sheet and Income Statement) are required if:**

- 1) this application amount PLUS all existing debt payable to DLL is \$250,000 or more, OR
- 2) upon request of DLL or any of its affiliates.

If the above requested information is not available, DLL would consider substituting two years history of the most recent Tax Returns, and the following financial information.

<b>F I N A N C I A L</b>	CASH		ACCOUNTS PAYABLE	
	RECEIVABLE		OPERATING LOANS	
	STOCKS, BONDS, CERTIFICATES OF DEPOSIT, ETC.		MACHINERY LOANS	
	MACHINES AND EQUIPMENT		AUTO & TRUCK LOANS	
	AUTOS AND TRUCKS		REAL ESTATE LOANS	
	LIVESTOCK		UNSECURED & CREDIT CARDS	
	CROPS FOR SALE: HARVESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		TAXES PAYABLE	
	BUILDINGS AND LAND NO. OF ACRES _____		MONEY OWED TO OTHERS	
	OTHER ASSETS		OTHER LIABILITIES	
	<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		CONTINGENT LIABILITIES/GUARANTIES		

If the requested credit is granted, applicant agrees to provide updated Financial Statements annual, thereafter.

**COMPLETE THE FOLLOWING SECTION IF EQUIPMENT WILL BE USED FOR CUSTOM/CONTRACT WORK, COMMERCIAL, FORESTRY, OR OTHER.**

<b>C O M M E R C I A L</b>	WILL EQUIPMENT BE USED: FULL TIME _____ PART TIME _____%		SLACK MONTHS:		
	SPECIFIC LINE OF BUSINESS	PRIMARY CONTRACTOR ____	NAME ADDRESS OF PRIME CONTRACTOR (IF YOU ARE SUBCONTRACTOR)		
		SUB CONTRACTOR ____			
	ESTIMATED MONTHLY GROSS \$ _____				
	IF FORESTRY, PLEASE LIST THE MILLS CURRENTLY BUYING YOUR LOGS OR SERVICES:				
		NAME	ADDRESS	CONTACT NAME	TELEPHONE NUMBER