



#7 Centre Street, P.O. Box 511 Port Rowan, On. N0E 1M0
 Phone: (519) 420-0890 Fax: (519) 586-8303
 Toll-Free Phone: (888) 401-7293
 E-mail: vheinrichs@mapellease.ca

AGRICULTURAL QUICK - APP

APPLICANT INFORMATION:

Effective December 2003

Full Legal Name: _____
 Mailing Address: _____ Town: _____ Prov _____
 Postal Code _____ Phone _____ Fax _____
 E-Mail Address: _____
 S.I.N. #: _____ Date of Birth (mm/dd/yy): _____
 In Business Since: _____ Description of Business _____
 (grain, dairy, cattle, poultry, swine or other)
 Amount of Land Owned: _____ Rented: _____

BANK INFORMATION

Bank: _____ Yr Account Opened? _____ Town: _____
 Contact: _____ Phone: _____

TRADE REFERENCES

	Name:	Phone:	Contact:
1)	_____	_____	_____
2)	_____	_____	_____

DEALER INFORMATION:

Dealer Name: _____ Salesman: _____
 Phone: _____ Fax: _____
 Equipment: _____ New _____ Used _____
 Lease Term: 24 36 48 60 <<Circle choice>> Payments: M Q S A Cost: \$ _____
 (before tax)
 Optional: Life Insured Lease _____ Disability Insurance? _____

I/We, the applicant, principal and/or guarantor, 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
- the Lessor and its funders obtaining information from credit reporting agencies and listed references in connection with this application.

 APPLICANT'S SIGNATURE

 DATE

If approved, please send the lease package to: **VENDOR** **LESSEE** (Circle One)