



# Application Corporate

## APPLICANT INFORMATION

|                           |                                      |                                      |
|---------------------------|--------------------------------------|--------------------------------------|
| Legal Name of Business    |                                      |                                      |
|                           |                                      |                                      |
| Type of Business          | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| Address                   |                                      |                                      |
|                           |                                      |                                      |
| Town/City                 | Province                             | Postal Code                          |
|                           |                                      |                                      |
| Business Telephone Number | Cell Number                          | Other Number                         |
|                           |                                      |                                      |
| Blue Sign Number          | Email Address                        |                                      |
|                           |                                      |                                      |

## SHAREHOLDER INFORMATION

| Legal Name of Shareholders | Address | DOB | % Interest in Operation |
|----------------------------|---------|-----|-------------------------|
|                            |         |     |                         |
|                            |         |     |                         |
|                            |         |     |                         |
|                            |         |     |                         |
|                            |         |     |                         |

### BANKING INFORMATION

| Name of Financial Institution Where Applicant Maintains an Account | Phone Number |
|--|--------------|
|  |              |

Address

### LOAN PURPOSE

| Credit Amount Requested | Approximate Number of Head |
|-------------------------|----------------------------|
|                         |                            |

|  |   |                                |
|--|---|--------------------------------|
| <input type="checkbox"/> Heifer Calves                   | <input type="checkbox"/> Bred Heifers                         | <input type="checkbox"/> Bulls |
| <input type="checkbox"/> Bred Cows (Under 5 yrs. of age) | <input type="checkbox"/> Cow Calf Pairs (Under 5 yrs. of age) | <b>SHEEP</b>                   |
| <input type="checkbox"/> Bred Cows (Over 5 yrs. of age)  | <input type="checkbox"/> Cow Calf Pairs (Over 5 yrs. of age)  |                                |

\_\_\_\_\_ Years of Experience in Livestock Operation      \_\_\_\_\_ Number of Cows Calved (Last year of calving)  
(Sheep Lambled)

### LIVESTOCK LOCATION

Where Will the Livestock be Pastured?

Owned Land       Rented Land       Community Pasture       Not Being Pastured

Will the Livestock be Held at a Third-Party Location?     Yes     No

Other, Please Explain:

|  |
|--|
| Legal Land Description Where Breeding Stock Will Be Held |
| Home/Winter Location:                                    |
| Pasture Location:  |
| Directions From Nearest Town                             |
| Name of Town:  |
| Directions:  |
|  |
|  |
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|  |
|  |

**CALF PRICE INSURANCE PROGRAM - Optional**

The Livestock Price Insurance Program for Calves offers price insurance that is intended to insure calves born in the spring and sold in the fall. Producers will have the ability to evaluate coverage options from February to May to tailor insurance coverage to their operation and intended calf marketings for September to December.

I would like more information on the Calf Price Insurance Program .                      Yes                      No

I would like to participate in the CPIP Program.                      Yes                      No



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## AUTHORIZATION

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I am making this application for Loan(s) to Alberta Breeder Finance Inc. If my application is accepted, I will be required to complete a Loan Agreement, Security Agreement, Promissory Note and to Provide other documents and Information to obtain the Loan(s).

Alberta Breeder Finance Inc. may disclose the particulars of my Loan(s) to other for the purpose connected with my Loan(s). I authorize and consent to the receipt and exchange of credit information about me from time to time, including the exchange and sharing of credit information with any credit reporting agency, credit bureau or person with whom I may have financial affairs which they may require.

I certify that all information I have provided in this application is accurate and is a true representation of my financial position.

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Applicant's Signature

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Date

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Print Name of Applicant

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Applicant's Signature

---

Date

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Print Name of Applicant



# Application Corporate

**FOR OFFICE USE ONLY**

Member of Feeders Association  Yes  No Name of Association \_\_\_\_\_

Producer Recommended Letter Attached  Yes  No Name of LFA \_\_\_\_\_

Feeder Loan Limit \$ \_\_\_\_\_ Credit Amount Recommended \$ \_\_\_\_\_

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Administrator

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Director