

## APPLICANT INFORMATION

Legal Surname			First Name			Second Name		
Date of Birth (YYYY-MM-DD)		SIN (Optional)				Drivers License Number		
Address								
Town/City				Province		Postal Code		
Home Telephone Number			Cell Number			Other Number		
Rural Emergency Address			Email Address					

## 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"/> Heifers                         | <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) |                                |
| <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) _____	



## 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

## AUTHORIZATION

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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant

## 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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date