

## 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	
Rural Emergency Address	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)	
<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)

## LIVESTOCK LOCATION

Where Will the Livestock be Pastured?

<input type="checkbox"/> Owned Land	<input type="checkbox"/> Rented Land	<input type="checkbox"/> Community Pasture	<input type="checkbox"/> Not Being Pastured
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Will the Livestock be Held at a Third-Party Location?     Yes     No

<input type="checkbox"/> 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:

**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



# Application Corporate

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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

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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