ATHABASCA HEIFER CO-OPERATIVE

LOAN APPLICATION

Date:

Director:



Box 6106, Westlock, AB T7P 2P7 phone: (780) 307-7276 (Carmen)

fax: (780) 348-5955

email: athabascaheifercoop@gmail.com

LH. RH. LS. RS. www.athabascaheifercoop.com

LII. KII. LS. N

	Information							
INDIVIDUAL	L NAME(s) or CO	ompany nami	<u> </u>				Date of Birth MM/DD/YYYY (if applicable)	
			T (6')			D :	<u> </u>	
Address			Town/City			Province	Postal Code	_
Primary Contact (if company)		Primary Phone	Number	Cellular Numb	1	Fax Number	_	
Primary Con	itact (ii compan)	()	Primary Priorie	Number	Celiulai Nullii.	JEI	rax Nullibel	_
Email:								_
-								_
Loan Pur	pose ply to Athabasca	Haifar Ca an	for a loon(a) to		la aa fallawa			
		i neirer Co-op	for a loan(s) to	purchase catt	ie as follows:			
BREEDER PROGRAM # head		\$/head	\$/head TO			Total Amount Requested:		
Bred Cows			17			1		
Bred Heifers	5						\$	
Cow/Calf Pa]		
1 year heife						1		
Bull	<u>'</u>							
Duli		l	1					
Where do ye	ou plan to obtair	n these cattle?)					_
FEEDER P	ROGRAM							
	# head	sex	weight	\$/pound	TO	TAL	Total Amount Requested:	
Lot 1								
Lot 2							\$	
Lot 3								
Where do v	ou plan to obtair	n these cattle?	,					
Authoriza		Terese cattle.						_
I am making required to c understand the these animals Athabasca He Athabasca He Credit Canada information w	this application for complete a Loan A hat the Athabasca is do not meet the eifer Co-operative eifer Co-operative a. I authorize and with any credit rep	Agreement, Section Heifer Co-oper requirements as may dislcose to perform all I consent to the orting agency, of	urity Agreement, rative in conjunct is set out by the Cothe particulars or needed credit, far receipt and exchange in the country of the coun	Promissory Notion with Farm Co-operative). If my Loan(s) to cility, and searcange of credit inverson with who	e and to provide credit Canada has no others for the no checks as deed formation about m I have financia	e other documes the right to purpose confirmed necessariant me from time al relations. I	neeted with my Loan(s). I give permission for the y by the Athabasca Heifer Co-operative and/or Farrer to time, including the exchange and sharing of creditures which they may require.	o if e n it
Signature of	f Applicant		_			Date		
For Office	e Use Only							_
BREEDER I	-		\$			APPROVED) DECLINED	_
FEEDER PE	ROGRAM		\$		_	APPROVED	DECLINED	
Conditions	6:				_			
								_

Farming Operations											
Do you farm: How long farming:			Legal Description of Home Quarter:				1	Ī	Lived there how long:		
Full time / Part time		years							years		
Where do you winter you	ur cattle? HOME Q	TR / OTHER	If OTHER	- Legal land:			Landlo	ord:			
Will these cattle be in a	Community Pastur	e? YES / NO	O If YES-	Which Com	munity Pastı	ıre?					
Number of Acres Farmed	d:Total Owned:		Cult Own	ned:	ed: Total Rented:				Cult Rented:		
Are you employed off the	e Farm? YES / N	Ю І	If YES- Where?								
Net Worth Stateme											
ASSET	S	to	tal value		LIABIL	ITIES			total owing		
Cash on Hand		\$		Accounts F	Payable						
Accounts Receivable		\$		-				\$			
Savings/Investments		\$		-				\$	\$		
		\$	·		-						
510.0	0	\$		Operating	Operating Loans			_			
Feed & Supplies	Quantity			-				\$			
HAY	+	\$		-	-		\$				
STRAW	+	\$		CASH ADV	ANCE Prog	rams					
SILAGE		\$		CATTLE GRAIN				\$			
Grain on Hand	Quantity						1	\$			
		\$		Feeder Ass	sociation		# head				
		\$		-				\$			
Market Livestock	# head			Other Live	stock Loan	IS					
		\$			Lender		Payment				
		\$		-				\$			
Breeding Stock	# head							\$			
COWS HEIFERS	+	\$		Equipment			Daywasant				
BULLS		\$			Lender		Payment	\$			
TOTAL EQUIPMENT V		\$						\$			
Total value of Land O		\$		-				Ą			
LEGAL LAND DESCRIF		Ψ		Mortgage	l nans						
ELGAL LAND DESCRIPTIONS				Lender			Payment	\$			
				-	-			\$			
				-							
				Other Loai	ns						
Other Assets (describe below)					Lender		Payment	\$			
		\$	\$		-			\$			
		\$	\$		-			\$			
TOTAL ASSETS	\$	\$ -		TOTAL LIABILITIES				-			
NET WORTH (assets -		\$		-							
Bank / Credit Refer	rences	# years	Address			Phone Nui	mher		Contact Person		
1 11111		" years	Address			I Hone Ival	TIDCI		Contact i cison		
DO YOU HAVE CATTL	F FINANCED/SE	CURED BY	L ΛΑΝΟΤΗFR LI	FNDFR? Y	ES / NO						
If yes, please provide de	•										
DO YOU HAVE SHARE	CATTLE ? YES	S / NO II	F YES, HOW N	MANY	W	ITH WHO?	?				
ARE YOU ENROLLED I						CE? YES/	NO CRO	ΡI	NSURANCE? YES/NO		
Signature			-	Date							