



**Polaris Leasing Ltd.**  
**AGRICULTURAL LEASE APPLICATION**

Phone: 1-204-233-4422 Fax: 1-204-231-0136  
Toll Free: 1-800-661-5327 Fax: 1-800-561-5327  
Website: www.polarisleasing.com

**COMPANY:**

Full Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone No.: ( ) \_\_\_\_\_ Cell No.: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Legal Structure: Incorporated ( ) Partnership ( ) Proprietorship ( ) Years in Farming: \_\_\_\_\_ Premises Owned?: \_\_\_\_\_  
Name & Address of Landlord: \_\_\_\_\_  
Full Legal Address for Equipment Location: \_\_\_\_\_  
Mortgage Holder for Above Address – Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Type of Farm Operation (please circle): Grain Dairy Cattle Poultry Hog Other: \_\_\_\_\_  
Amount of Land Rented: \_\_\_\_\_ Amount of Land Owned: \_\_\_\_\_ Gross Yearly Income: \$ \_\_\_\_\_  
Amount of Land Cultivated: \_\_\_\_\_ Is Equipment for Farm Use?: \_\_\_\_\_ Do You Farm Full Time or Part Time?: \_\_\_\_\_  
Number of Livestock Owned: \_\_\_\_\_ Secondary Income: \$ \_\_\_\_\_ Source of This Income: \_\_\_\_\_  
Insurance Broker Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**FINANCIAL:**

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
How Long: \_\_\_\_\_ Account #: \_\_\_\_\_ Current Balance: \_\_\_\_\_

**PRINCIPAL(S):**

Full Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone No.: ( ) \_\_\_\_\_  
Please indicate: Rent ( ) Own ( ) How Long: \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Insurance Number(optional): \_\_\_\_\_

**PRINCIPAL(S)**

Full Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone No.: ( ) \_\_\_\_\_  
Please indicate: Rent ( ) Own ( ) How Long: \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Insurance Number(optional): \_\_\_\_\_

The undersigned certifies the above information to be true and correct. BY SIGNING BELOW, I/WE CONSENT TO THE OBTAINING FROM ANY CREDIT REPORTING AGENCY OR CREDIT GRANTOR, SUCH INFORMATION AS POLARIS LEASING MAY REQUIRE AT ANY TIME IN CONNECTION WITH THE CREDIT HEREBY APPLIED FOR, and consent to the disclosure at any time of any information concerning the undersigned to any credit reporting agency or to any credit grantor with whom the undersigned has financial relations.

SIGNATURE OF PRINCIPAL(S): **X** \_\_\_\_\_ DATE: \_\_\_\_\_

**EQUIPMENT INFORMATION**

Supplier Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Supplier Rep: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

**EQUIPMENT DESCRIPTION:** (Year, Make, Model, Serial No.)  
\_\_\_\_\_  
\_\_\_\_\_

**LEASE COST: \$** \_\_\_\_\_ (before taxes) **TERM:** \_\_\_\_\_