

Creditor Information

Creditor Name: _____

Contact Number: _____ Fax Number: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

The Applicant whose name appears below has authorized you to provide financial information in regard to their account (s). We ask for your cooperation in providing this information. Upon completing this form please forward it to AFSC.

AFSC Information

Relationship Manager Lending: _____

Contact Number: _____ Fax Number: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

Applicant Information

I/We authorize and consent to the giving and receiving of credit information by and between the undersigned creditor and AFSC including their respective officers, employees and agents, and I/we waive any and all claims for loss or damage arising from anything done in good faith in that regard.

Applicant Name: _____
Last Name First Name Middle Name

Contact Number: _____ Fax Number: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

Applicant Signature: _____ Date: _____
mmm/dd/yyyy

Credit Information Request

Credit Information Requested					
Account Number					
Loan Program					
Date Account Opened					
Purpose of Loan					
Security for Loan					
Original Loan Amount					
Interest Rate					
Terms of Loan					
Due Date(s)/Payment Frequency					
Payment Amount					
Date Last Paid					
Principal Balance (not including arrearage)					
Principal in Arrearage					
Interest in Arrearage					
Accrued Interest Calculated Date to:					
Total Payout					
Payout Calculated Date to:					
Per Diem					
Comments as to character and financial responsibility:					
<p>Pursuant to your request, the undersigned gives you the above information which they believe to be true, and which is given on the express understanding and agreement that neither the undersigned nor this institution shall be or become liable or responsible for or by reason of the giving of such information or its being inaccurate or incomplete or otherwise.</p>					
<p>Creditor Representative: _____</p> <p style="text-align: right;">Print Name and Title</p>					
<p>Creditor Signature: _____ Date: _____</p> <p style="text-align: right;">mmm/dd/yyyy</p>					

The information on this form, and any information you provide to us in the future related to this form, is collected under the authority of the *Agriculture Financial Services Act* (Alberta) and the *Freedom of Information and Protection of Privacy Act* (Alberta) (the "FOIP Act"). The collected information, whether personal information or business information, will be used: (i) to evaluate your eligibility for the program to which this form relates; (ii) for the administration of the program; and/or (iii) for the administration of any other AFSC program or benefit in which you participate. Your personal information is subject to the provisions of the FOIP Act.

By submitting this form, you are providing your consent to AFSC disclosing and sharing the information contained on this form, whether personal information or business information, or any other information that will be provided in the future by you or your authorized representative, to the following third parties: B.C. Ministry of Agriculture and Food, Alberta Ministry of Agriculture and Irrigation, Saskatchewan Ministry of Agriculture, Saskatchewan Crop Insurance Corporation, Manitoba Ministry of Agriculture, Manitoba Agriculture Services Corporation, Agriculture and Agri-Food Canada, Canada Revenue Agency and Statistics Canada. You consent that such disclosed and shared personal information and business information may be used in the following ways: (i) for the administration of all current and future AFSC, federal and provincial programs related to agriculture, AFSC lending programs and AFSC insurance programs; (ii) for AFSC, federal and provincial policy and program development; (iii) for AFSC, federal and provincial policy and program evaluation; (iv) for AFSC, federal and provincial program compliance; (v) for research development; and (vi) for statistical purposes.

If you have any questions about this form and the collection and use of your information, please contact AFSC at 5718 - 56 Avenue, Lacombe AB T4L 1B1, 1.877.899.2372.