

3. **REPAYMENT**

Term: _____ months/years Date of 1st payment _____
Amount: _____ per month/year Capital purchase limit _____

4. **PROPERTY INSURANCE COMPANY**

Name _____
Address _____
Telephone _____
Contact Person _____

LIFE INSURANCE COMPANY

Name _____
Address _____
Telephone _____
Contact Person _____

5. **OTHER INFORMATION**

STATEMENT OF CREDIT

I certify that to the best of my knowledge the information given on this application is true and correct. The Indian Agricultural Program of Ontario is hereby authorized to check the accuracy of the information and obtain credit reports on me and each such source is hereby authorized to provide such information. I agree to indemnify Indian Agricultural Program of Ontario against and save it harmless from any and all claims in damages otherwise arising from such disclosure on its part.

DECLARATION

The statements herein are made for the purposes of obtaining the loan/guarantee and are true to the best of my/our knowledge and belief.

Witness _____ Applicant _____

Date _____ Spouse _____
or Partner if Corporation

Please mail the completed form to:

Indian Agricultural Program of Ontario

220 North St.,

Box 100

Stirling, Ontario

K0K 3E0