

KUBOTA COMMERCIAL CARD APPLICATION

You have three options to submit your application: • email: credit.commercial.form@scd.desjardins.com (Please sign and scan the form before emailing it) • fax: 514-397-9852 or 1-866-720-4210 • mail: Kubota Commercial card, c/o Commercial Credit / Courrier, C.P. 11070 succ. Centre-ville, Montreal QC H3C 929





Total limit requested

fields	are	man	tehe	onv

1. CARD INFORMATION							
Kubota Commercial card: No annual fee at an annual interest rate of 19.9%. Minimum monthly payments required.							
2.	COMPANY IN	IFORMATION					
Complete legal name	Company operating name (if	erating name (if different from legal name) Name to appear on card (26 characters maxim					
Address (head office)	Suite	City	Province	Postal cod	e		
Company startup date (YYYY/MM/DD)	In case of a startup business, initial capital in	vestment \$					
Telephone number Fax number		Type of business Partnership Joint Venture Corporation Sole proprietorship/Individual Unon-profit organization (NPO) Limited partnership					
Business sector		Nature of business					
Email address		· · · · · · · · · · · · · · · · · · ·					
3.	FINANCIAL I	NSTITUTION					
Name of financial institution	Transit number		Account number				
4. REQUIRED DOCUMENTS							
 Financial statements are mandatory for any application of more than \$35,000 Excerpt of resolution is mandatory for applications of \$15,000 or more from 							
5.	AUTHORIZED REPRE	SENTATIVES (CARDHOL	LDERS)				
First and last name	Date of birth	YYYY/MM/DD) Position in the company		Credit limits on eac	h card		
				Regular Limit	Financing Limit		

If you require more than 6 cards, please enclose the list of additional authorized representatives. The list of authorized representatives above remains valid and the company is responsible for all debts incurred by them, until such time as the company informs the Fédération des caisses Desjardins du Québec of any changes to be made.

6. DECLARATION OF BORROWING AUTHORITY						
I, the undersigned		one of the corporation's officers or ion and of the facts certified under on has the power and capacity to Kubota Commercial card(s); and cers of the corporation, as the names, and that the signatures	These persons have the authority and power to bind the corporation in regards to the Kubota Commercial card(s) and, more specifically, to sign and approve any and all documents, or supporting documents, related to this application and to submit any and all requests, now or in the future, to modify or increase the credit limit and/or for additional card(s). In witness thereof I have signed this certificate on(date) in(place).			
Name of representative	Position	Signature	Signature of officer or director			
Name of representative	Position	Signature	Name of officer or director (please print)			
7. INITIALS OF OWNERS/SHAREHOLDERS/MEMBERS/ASSOCIATES/AUTHORIZED SIGNATORIES/OFFICERS/DIRECTORS						
1 2 3 4 Initials of owners/shareholders/members/associates/authorized signatories/officers/directors (identified in section 9)						

2. _____ 3. _____ 4. ____ 1. _____

Initials of sureties/guarantors (in the case of a corporation/general partnership/limited partnership)



KUBOTA COMMERCIAL CARD APPLICATION



You have three options to submit your application: • email: credit.commercial.form@scd.desjardins.com (Please sign and scan the form before emailing it) • fax: 514-397-9852 or 1-866-720-4210 • mail: Kubota Commercial card, c/o Commercial Credit / Courrier, C.P. 11070 succ. Centre-ville, Montreal QC H3C 929

All fields are mandatory.

All of the company's directors and officers must complete a copy of	of this page.
---	---------------

All persons or entities owning 25% or more of the company, either directly or indirectly, must complete a copy of this page.								
8. COMPANY INFORMATION								
Complete legal name	nplete legal name Address (head office)							
9.	OWNER/	SHAREHOLDER/ASSOC	CIATE/MEM	BER/O	FFICER/DIRECTOR IN	FORMATI	ON	
Ms. First name			Last n	ame				Director
Ownership %	Date of birth (YYYY/MM/DD)	Home phone No.		So	cial insurance No. (optional)	1 1	Language preference	e 🔲 English
Home address		Apt No.		City		Provi	nce	Postal code
10.					ANCIAL INFORMATION of \$15,000 or more only			
Current employer or Posource of income	osition in the company			Gross mont	hly income	Work	phone No.	
	nancial institution name	Transit No. Account No	».	Residence	Owner Tenant Other	Mont	hly residential cost	At this address for year(s)month(s)
ASSET TYPE	DESCRIPTIO	N VALUE		LIABILITY	DESCRIPTION		BALANCE	MONTHLY INSTALMENTS
Real property	/	\$	Mort	gage loans		\$		\$
Investments or saving	3	\$	Other co	ommitments		\$		\$
11.		RESPONSIE	BILITIES AN	D AUT	HORIZATIONS			
11. RESPONSIBILITIES AND AUTHORIZATIONS Card application The undersigned applicant, in the case of a sole proprietorship, the partners in the case of a joint venture, if the company as identified above or represented for the purposes hered by its duly authorized signatories in the case of a corporation, or by its duly authorized partnership, (hereinafter the "undersigned") request that the Féderation des caisese Desjardins du Québec (the "Federation") issue or or more Kubcla Commercial cards in their name and in the name of their company, as the case may be, to renew them or replace them, as needed, for their use and that of the authorized prepresentatives is indicated for each of these names. In the case of a joint venture, if more rapplicant sign from the commitments described above, which are indivisible and may be claimed in full from their heris, legatees and assigns. Solidary suretyship/Joint and several guarantee If this applicant sign the repayment of amounts which may exceed the credit limit requested by the company for each of the more presentatives is indicated for each of these names. In the case of a joint venture, if more radit finit requested by the company for each of the company by the Federation. This suretyship/guarantee will be continuous and will remain obligations arising from the company becks, and will lind the undersigned due there sate unleas the undersigned from liability only for the debts contracted by the company due trefeted thereto, including those that may exceed the credit limit request that the Kubota Commercial cards in their name and to the preceding page and to pay all other debts contracted by the undersigned from liability only for the debts contracted by the company sterest unless of the company is application, they shall be solidarily duarante wills exceed the credit limit request the thereto, including those that may exceed the credit of the unde								
 Authorization for the collection and disclosure of information In accordance with the laws governing the protection of personal information, the following consents are given, by the applicant in the case of a sole proprietorship, the partners in the case of a joint venture, the company as identified above and represented for the purposes here of by its duly authorized signatories in the case of a corporation, or by its duly authorized partners in the case of a general partnership, as well as the surety/guarantor as the case may be (hereinafter the "undersigned"), namely: The undersigned represent that the information contained herein is true; The undersigned consent that the Federation may collect from any person the information necessary for the provision of all the financial services required for the purposes of the file or the suretyship/guarantee granted below, as the case may be. This consent shall apply to the update of the information for the purposes of allowing the Federation to reanalyze the commitments of the undersigned to the Federation, in particular in case of renewals, amendments or changes in their business relationship. The undersigned consent that any person may communicate such information to the Federation, even if it pertains to a closed or inactive file. The undersigned consent that the Federation may communicate information concerning them to any financial institution, personal information agent, credit bureau, Kubota Canada Ltd. or any other person with whom the Federation or the undersigned maintain a business relationship related to the provision of financial services required in accordance with the purposes of the file or the suretyship/guarantee granted 								

5. The company, through its sign	gning authorities, or the applicants if the company is a joint venture or any other type of com	pany, agrees that it will provide the Federation upon request the addresses and telephone		
numbers of the authorized representatives and recognizes that it is the company's responsibility to obtain the consent to this effect of said representatives, if applicable.				

Date

Signature of the applicant/partner/authorized signatory/officer/director of the company

If this application is made by a CORPORATION or a GENERAL PARTNERSHIP or LIMITED PARTNERSHIP, the surety/guarantor's signature is also required.

Name of the applicant/partner/authorized signatory/officer/director of the company

Date	Name of the surety/guarantor	Signature of the surety/guarantor

If you have questions about how to fill in the form, call 514-397-9935 or 1-866-934-8472.