



Agriculture et
Agroalimentaire Canada

Programme de
paiements anticipés

## **CREDIT REFERENCE**

## **CREDIT REFERENCE VERIFICATION** SUPPLIER: SUPPLIER ADDRESS: HEREBY GIVE CONSENT TO PROVIDE THE FOLLOWING INFORMATION TO FARMCASH ADVANCE PAYMENT PROGRAM: SIGNATURE: DATE: ADDRESS: TRANSACTION TYPE: DATE ACCOUNT OPENED: **AUTHORIZED CREDIT LIMIT: CURRENT BALANCE DUE:** AMOUNT PAST DUE: RECENT HIGH BALANCE: PAYMENT HISTORY: **PROMPT** SLOW 30 Past Due COMMENTS: I/we confirm that the above information provided is correct

Please complete and return to:

Supplier Signature:

Alberta Grains Attn: FarmCash

DATE:

info@farmcashadvance.com

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