

CREDIT REFERENCE VERIFICATION

Supplier/Vendor Name: _____

Business Address: _____

I, _____ Hereby give consent to provide the following information to FarmCash Advance Payment Program:			
Producer Signature: _____			
Date: _____			
Length of Business Relationship:			
Credit Terms:			
Authorized Credit Limit:			
Outstanding Balance:			
Past Due Balance:			
Payment History:	Prompt <input type="checkbox"/>	Slow 30 <input type="checkbox"/>	Past Due <input type="checkbox"/>
Comments:			

I/we confirm that the above information provided is correct

Supplier Signature: _____

Date: _____

Please complete and return to:

Alberta Grains

Attn: FarmCash

info@farmcashadvance.com