



---

## Authorization for Collection and Use of Information

Farm Name:

\_\_\_\_\_

Contact Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City/Town, Province &

Postal Code:

\_\_\_\_\_

Home/Cell Number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

This is authorization for Global Ag Input Solutions to (a) contact myself and (b) access all information relating to me or the farm noted above on file with Global Ag Risk Solutions for the purposes of evaluating creditworthiness and assessing collateral. Such information may include personal information, financial information, level of insurance and crop information (including Final Seeded Acres Report, Stored Grain Declaration, and Post Harvest Report).

Dated at \_\_\_\_\_, in the Province of \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Corporate Name (if applicable):

\_\_\_\_\_

Position (if applicable):

\_\_\_\_\_

Name (printed):

\_\_\_\_\_

\_\_\_\_\_  
Signature

Please Return to:

Email: [office@aginputsolutions.com](mailto:office@aginputsolutions.com)

Fax: 1-306-972-8802

---

#3-54 Stadacona Street W. Moose Jaw, SK S6H 1Z1  
(Email) [office@aginputsolutions.com](mailto:office@aginputsolutions.com) (Web) [aginputsolutions.com](http://aginputsolutions.com)  
(Ph) 306.972.8800 (Fax) 306.972.8802

Oct 31, 2017