TPQ Information Release Form

Date: _____

To: Dairy Farmers of Nova Scotia **("DFNS")**
Suite 100, 4060 Hwy 236
Lower Truro NS B6L 1J9

AND TO: _____

_____

_____

_____ **("CREDITOR")**
(Financial Institution Name and Address)

RE: Credit, Quota, and Production Information **("INFORMATION")**

The undersigned producer hereby authorizes DFNS to exchange credit, quota, and production information on the undersigned with the CREDITOR, until this consent is revoked in writing.

_____ ___ ___ ___ ___ 2__
Name of Producer DFNS Registration No.
(please print)

_____
Signature of Producer
(if a partnership, all partners must sign)
(if a company, the president must sign)