



Bid To Buy Credits

Producer #: _____

Farm Name: _____

Exchange Month: _____

Tradeable Credit Kgs from Milk Statement: _____ kgs

BF Credits Wanted: _____ kgs @ \$ _____ /kg

BF Credits Wanted: _____ kgs @ \$ _____ /kg

BF Credits Wanted: _____ kgs @ \$ _____ /kg

Total Kgs Wanted cannot exceed Tradeable Credits

Bids To Buy must be received by 4:00 p.m. on the 2nd business day after the 15th of the month.

Results of the Credit Exchange will be available on the 21st of the month or the first business day thereafter.

- Producers are responsible to ensure that the Board has received their completed form prior to the cut off date.
- Exchange participants will be advised of exchange results via email or mail the first business day after the 21st.
- Successful purchasers will have the amount of the purchase deducted from their upcoming milk statement.
- DFNS Fax: 1-902-897-9768
- Email: dfns@dfns.ca
- Office: Suite 100, 4060 Highway 236, Lower Truro, B6L 1J9

Signature of Business Representative

X _____ **Name:** _____
(Please Print)



Offer To Sell Credits

Producer #: _____

Farm Name: _____

Exchange Month: _____

Tradeable Credit Kgs from Milk Statement: _____ kgs

BF Credits Offered: _____ kgs @ \$ _____ /kg

BF Credits Offered: _____ kgs @ \$ _____ /kg

BF Credits Offered: _____ kgs @ \$ _____ /kg

Total Kgs Offered cannot exceed Tradeable Credits

Offers to Sell must be received by 4:00 p.m. on the 2nd business day after the 15th of the month.

Results of the Credit Exchange will be available on the 21st of the month or the first business day thereafter.

- Producers are responsible to ensure that the Board has received their completed form prior to the cut off date.
- Exchange participants will be advised of exchange results via email or mail the first business day after the 21st.
- Successful sellers will have the amount of the sale added to their upcoming milk statement.
- DFNS Fax: 1-902-897-9768
- Email: dfns@dfns.ca
- Office: Suite 100, 4060 Highway 236, Lower Truro, B6L 1J9

Signature of Business Representative:

X _____ **Name:** _____
(Please Print)