APPLICATION FOR PURCHASE ORDER TWO VALLEY'S FEEDER FINANCE CO-OPERATIVE INC.

Name:									
Amount of credit being requested \$									
Date you want Purchase Order issued by:									
I plan to place identified groups* of cattle on this Purchase Order.									
* Maximum number of groups is four.									
MONTH	# OF HEAD	SEX	AVE. WT.						
	31 112/13	02/1	7.7.2.77.1	11100/121	101112				
Are you selling any home raised cattle to Co-op? Yes No									
If yes, star (*) that group above.									
EXPECTED CATTLE SALES									
(for cattle purchases outlined above)									
MONTH	# OF HEAD	SEX	AVE. WT.	Price/ lb. TOTAL \$					
FEEDING PROPOSAL				(AMOUNTS)					
MAIN FEEDS IN RATION				FARM	TO BE PURCHASED				
					. 01.01020				

For information contact: Admin: Gwen Thirlwall, 5706 Tatlock Road, Clayton, ON, KOA 1P0 tatlockbooks@gmail.com 613-809-0660

Supervisor: Craig McLaughlin (613) 646-7820 cmblackhorse@gmail.com

Do you analyze your forages?	Yes	No		
Do you get rations prepared b	y a feed company, v	et, or OMA	AFRA? Yes No _	_
Location(s) of Cattle:				
Township:		Lot:	Con:	
Township:		Lot:	Con:	
How do you intend to provide cattle?	the financing for op	erating exp	penses for feeding a	nd care of the
Insurance company and policy				
Before the loan is finalized, 5% Account. This can be given to	•		•	
Date:	Signed:			