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RELEASE OF INFORMATION AUTHORIZATION

(PLEASE PRINT IF SUBMITTING A WRITTEN FORM)

This form only grants AGrowStar the authority to provide information to the person(s) listed below. It does not grant the person(s) listed the authority to enter into legally binding agreements for the account owner. *(NOTE: For Sole Proprietorship accounts, a Power of Attorney is required for an individual to legally act on behalf of the account owner.)*

I, _____, hereby give AGrowStar permission to release any information regarding my account transactions with AGrowStar including, but not limited to: production records, contracts, settlements, farm identifications and freight liabilities to the following people:

Name (First and Last)	Address
Name (First and Last)	Address
Name (First and Last)	Address

SIGNATURE (Account Owner or Legally Authorized Representative of Business)

DATE