

PAYMENT DEFERRAL REQUEST FORM

Glenn, CA 95943		Phone: 530-891-5858 Fax: 530-891-5757 E-Mail: <u>yagarkov@riverwestprocessing.com</u>
Glotti, Greece .c		L-Mail. yayanovemonooproocong.co
DATE:		
GROWER NAME:		
PAYEE NAME:		
CROP YEAR(S):		
DEFER: MARK TH	E BOX(S) FOR PAYMENT(S) YOU WISH TO DI	EFER:
() () () ()	First Progress Payment October 31st Second Progress Payment December 15th Third Progress Payment February 28th Fourth Progress Payment May 31st Final Payment August- September All Payments Other: List Payments:	
DEFERRAL PAYMENT DAY: PLEASE SELECT THE DATE YOU WISH TO RECEIVE PAYMENT FOR THE ABOVE DEFERRAL:		
 () Second Progress Payment December 15th () Third Progress Payment February 28th () Fourth Progress Payment May 31st () Final Payment August/September () Deferral Payment January () UPON REQUEST- Please notify your grower representative. () Other:		
Comments:		
Grower's Signature		Riverwest Processing, Inc.
Date:		Date:
	3190 HIGH GLENN, CA	A 95943
OR PLEASE FAX T	O: 530-891-57	57