

# Notice of Intent to Preserve Trust Benefits

**FROM:**

Seller/Grower

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**TO:**

Buyer/Grower's Agent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Invoice(s) #	Date(s) Shipped	Commodity(ies)	Invoice Price	Payment Terms

Total amount past due and unpaid \$ \_\_\_\_\_

Date notified that check was dishonored (if applicable):

cc: A copy of this was Emailed \_\_\_ Overnighted \_\_\_ Faxed \_\_\_ on

Date: \_\_\_\_\_

Via email, fax or physical address