

Beef Infoexchange System (BIXS) Third Party Provider & Producer Agreement

The undersigned hereby makes application for the following person to act as the Producer's agent and be approved by the BIXS Program Administrator as a Third Party Provider to register, report and/or retrieve information to/from the BIXS database on the Producer's behalf.

Producer Contact Information (the "Producer")

Name _____
CCIA Number/Account ID _____
BIXS Account (if known) _____
Address _____
City/Town _____ Province _____ Postal Code _____
Tel(home) _____ Tel(business) _____
Mobile _____ Fax _____
Email _____

Third Party Contact Information (the "Third Party")

Name _____
Address _____
City/Town _____ Province _____ Postal Code _____
Tel(home) _____ Tel(business) _____
Mobile _____ Fax _____
Email _____

The Producer and the Third Party Provider each acknowledge and agree that:

- **The Third Party Provider will act as the Producer's agent and accepts the responsibility of registering, reporting and/or retrieving information to/from BIXS database.**
- **They have been provided with a copy or had access to the BIXS Terms and Conditions relating to the use and operation of the Beef InfoXchange System;**
- **They were given sufficient time to review the BIXS Terms and Conditions;**
- **They have read and fully understand the BIXS Terms and Conditions; and**
- **They are jointly bound by and will comply with the BIXS Terms and Conditions.**

I, _____ (print name) certify that I am authorized to sign on behalf of the Producer named above.

Signed Producer _____ Date _____

I, _____ (print name) certify that I am authorized to sign on behalf of the Third Party named above.

Signed Third Party _____ Date _____

Please return the signed application to:

BIXS Program Administrator, 2nd Floor, 10607 82 Street, Edmonton, Alberta, Canada T6A 3N2
Tel: 780.456.2207 Fax: 800.475.4603 Email: admin@bixsco.com