

PRODUCTION PROFILE

Contract Number _____

Grower Account Name: _____
 Contact Name: _____ Contact Phone Number: (____) _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: (____) _____ Fax Number: (____) _____

Production Information:

1) Orchard Identification: _____ Huller: _____
 Location: _____ County: _____

Varieties	Acres	Year Planted	Estimated Production	Delivery Type
_____	_____	_____	_____	Inshell <input type="checkbox"/> Meat <input type="checkbox"/>
_____	_____	_____	_____	Inshell <input type="checkbox"/> Meat <input type="checkbox"/>
_____	_____	_____	_____	Inshell <input type="checkbox"/> Meat <input type="checkbox"/>
_____	_____	_____	_____	Inshell <input type="checkbox"/> Meat <input type="checkbox"/>
_____	_____	_____	_____	Inshell <input type="checkbox"/> Meat <input type="checkbox"/>
Total:	_____	_____	_____	

Production Information:

2) Orchard Identification: _____ Huller: _____
 Location: _____ County: _____

Varieties	Acres	Year Planted	Estimated Production	Delivery Type
_____	_____	_____	_____	Inshell <input type="checkbox"/> Meat <input type="checkbox"/>
_____	_____	_____	_____	Inshell <input type="checkbox"/> Meat <input type="checkbox"/>
_____	_____	_____	_____	Inshell <input type="checkbox"/> Meat <input type="checkbox"/>
_____	_____	_____	_____	Inshell <input type="checkbox"/> Meat <input type="checkbox"/>
_____	_____	_____	_____	Inshell <input type="checkbox"/> Meat <input type="checkbox"/>
Total:	_____	_____	_____	

Production Information:

3) Orchard Identification: _____ Huller: _____
 Location: _____ County: _____

Varieties	Acres	Year Planted	Estimated Production	Delivery Type
_____	_____	_____	_____	Inshell <input type="checkbox"/> Meat <input type="checkbox"/>
_____	_____	_____	_____	Inshell <input type="checkbox"/> Meat <input type="checkbox"/>
_____	_____	_____	_____	Inshell <input type="checkbox"/> Meat <input type="checkbox"/>
_____	_____	_____	_____	Inshell <input type="checkbox"/> Meat <input type="checkbox"/>
_____	_____	_____	_____	Inshell <input type="checkbox"/> Meat <input type="checkbox"/>
Total:	_____	_____	_____	

Grower Name: _____

Signature _____ Date _____

I have been provided "Buyer's" quality schedule and have been advised of Good Agricultural Practices Program. I am aware of the resources and training material available to me to adhere to "Buyer's" established guidelines and where applicable; agree to apply Good Agricultural Practices in compliance with current regulations to ensure food safety and quality.