

2008 Replant and Dryland Drought Relief
TX/OK/NM/KS Claim Form



Dealer Information

Dealer Name: _____ City, State: _____

Contact Name: _____ Phone: _____

Seed Distributor Information

Distributor: _____ City, State: _____

Grower Information

Grower License # _____

Farm or Business Name: _____

Grower's Name: _____

Address: _____ City: _____

Cell Phone: _____ Home Phone: _____

Replant / Dryland Drought Information

Select One: Replant: _____ Dryland Drought: _____ Date Planted: _____

Circle one of the following Traits: RR B2RF RF Pounds per acre Planted: _____

Original Variety Purchased	Total Bags Purchased	Total Bags Lost	Total Acres Lost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Grower Signature: _____

Dealer/Distributor Signature: _____

Replant claims must include.

1. Copies of seed purchase invoices.
2. Claims must be submitted no later than July 15, 2008

Dryland Drought claims must include.

1. FSA form 576
2. Insurance Production Worksheet.
3. Copies of seed purchase invoices.
4. (No insurance) must provide ASCS FORM 503
5. Claims must be submitted no later than January 15, 2009

PLEASE FAX OR MAIL CLAIM FORM TO:

All-Tex Seed, Inc
P.O. Box 1057
Levelland, TX 79336

Fax # 806-894-7528 Phone # 806-894-4901
(Please call to verify receipt of fax by All-Tex)