



Americicot
cotton seed



Replant Claim Form

Distributor Name: _____ City, State: _____
 Dealer Name: _____ City, State: _____
 Contact Name: _____ Phone: _____
 Contact Email: _____

Grower Information

Grower License #: _____
 Farm or Business Name: _____
 Grower's Name: _____
 Address: _____
 City, State: _____ Zip: _____
 Home Phone: _____ Mobile Phone: _____

Replant Information

Planting Date: _____

| Original Purchase Variety: | Replant Variety: | Number of Bags: |
|----------------------------|------------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Customer Signature: _____ Date: _____
 Americot Representative: _____ Date: _____

PLEASE FAX COMPLETED FORM WITH COPIES OF ORIGINAL AND
 REPLANT INVOICES TO CHIREE LOPEZ AT **(866) 429-9310**
 CLAIMS MUST BE SUBMITTED BY **JULY 15, 2011.**