



CLAIM # *office use*

2020 AMERICOT REPLANT CLAIM FORM ALL REGIONS

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

GROWER INFORMATION

Monsanto Grower License #: _____
(required)
Farm or Business Name: _____
Grower's Name: _____
Address: _____
City, State: _____ Zip: _____
Email: _____ Cell Phone: _____

REPLANT INFORMATION

Planting Date: _____ Number of Acres: _____
Reason for Replant: _____

Original Purchase Variety	Factory Treatment*	Lot #	Units Lost	Replant Variety	Factory Treatment*	Lot #	Units Replanted

*Factory Treatment Types

- | | |
|--|--------------------------------------|
| B CottolyST Base Treatment | ENH CottolyST Enhanced |
| AB Avicta Bion | IMI+ CottolyST IMI + Acephate |
| AE Avicta Elite Cotton Plus with Vibrance CST | IND Indigo |
| CR Cruiser 5FS | PRE CottolyST Premier |
| CRV Cruiser 5FS + Vibrance CST | V Vibrance CST |

- Replant seed quantity may not exceed quantity used to plant the failed or lost stand.
- This program is only offered for the first replanting of the season and does not cover multiple replants of the same acres.
- Only factory overtreatments are eligible for the Americot Replant Program.
- Go to www.americot.com/programs to see the full Replant Program.

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

DEADLINE - JULY 15, 2020
Please email your claim form, original, and replant invoices to claims@americot.com
Claims will be validated against reported seed sales for both the Original and Replanted crop.

Rev. 01.17.2020