



CLAIM # office use

		DE	ALER INF	ORMATION				
Dealer:Ci				City:	State:			
Dealer Contact:								
Email:					Dhana			
		GRC	)WFR IN	FORMATION	V			
Grower License (		Grower Name:						
Farm/Business N	lame:							
Address:								
City:					State:	Zip:		
Email:					Phone:			
		REP	LANT IN	FORMATION	V			
Planting Date:					Number of Acres:			
Reason for Repla								
Original Purchase Variety	Factory Treatment*	Lot#	Units Lost	Replant Variety	Factory Treatment*	Lot#	Units Replanted	
*Factory Treatment Types  B CottolyST Base Treatment  AE Avicta Elite Cotton Plus with Vibrance CST  *FMH CottolyST Enhanced*  IMI+ CottolyST IMI +  PRE CottolyST Premier				<ul> <li>the failed</li> <li>This progressesson a</li> <li>Only fact</li> <li>Replant I</li> <li>Go to ww</li> </ul>	<ul> <li>Replant seed quantity may not exceed quantity used to plant the failed or lost stand.</li> <li>This program is only offered for the first replanting of the season and does not cover multiple replants of the same acres.</li> <li>Only factory overtreatments are eligible for the Americot Replant Program.</li> <li>Go to www.americot.com/programs to see the full Replant Program.</li> </ul>			
Customer Signature:					Date:			
Americot Representative:					Date:			

## **DEADLINE TO SUBMIT FINAL CLAIM DOCUMENTATION**

June 1, 2023 (Zone D, South of I-10, in TX) or July 15, 2023 (All Other Zones/Remaining Geography)

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.

