



CLAIM # *office use*

# 2018 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** Base Treatment
- AB** Avicta Bion Cotton
- AE** Avicta Elite Cotton Plus with Vibrance
- BCB** BioST Cotton Nematicide Custom Blend
- CR** Cruiser 5FS
- CRV** Cruiser 5FS + Vibrance CST
- IM** Imidacloprid
- IV** Imidacloprid + Vibrance CST
- IND** Indigo

- 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](http://www.americot.com/programs) to see the full Replant Program.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Americot Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**DEADLINE - JULY 13, 2018**  
Please email your claim form, original, and replant invoices to [claims@americot.com](mailto:claims@americot.com)  
*Claims will be validated against reported seed sales for both the Original and Replanted crop.*