



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>B</b> Base Treatment                          | <b>CRV</b> Cruiser 5FS + Vibrance CST |
| <b>AB</b> Avicta Bion Cotton                     | <b>IM</b> Imidacloprid                |
| <b>AE</b> Avicta Elite Cotton Plus with Vibrance | <b>IV</b> Imidacloprid + Vibrance CST |
| <b>BCB</b> BioST Cotton Nematicide Custom Blend  | <b>IND</b> Indigo                     |
| <b>CR</b> Cruiser 5FS                            |                                       |

- 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.*