



CLAIM # *office use*

2019 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
- AB** Avicta Bion Cotton
- AE** Avicta Elite Cotton Plus with Vibrance CST
- CR** Cruiser 5FS
- CRV** Cruiser 5FS + Vibrance CST
- ENH** CottolyST Enhanced
- IMI** CottolyST IMI
- IND** Indigo
- PRE** CottolyST Premier

- *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, 2019
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. 01.02.19