

Please email completed forms to  
replant@bhgenetics.com.



## REPLANT CLAIM FORM

Zones 1, 2, 4, 7, 8, 9, 10, 11, 12, 13 & 14

Final deadline to submit form:

**July 15, 2018**

### GROWER INFORMATION

Grower License #: \_\_\_\_\_  
Farm or Business Name: \_\_\_\_\_  
Grower's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### DEALER INFORMATION

(if applicable)

Dealer Name: \_\_\_\_\_  
Dealer Contact: \_\_\_\_\_  
Dealer Address: \_\_\_\_\_  
Dealer City, State: \_\_\_\_\_  
Dealer Phone: \_\_\_\_\_  
Dealer Email: \_\_\_\_\_

### REPLANT INFORMATION

*Please complete as much information as possible.*

Original Planted Variety: \_\_\_\_\_ Replant Variety: \_\_\_\_\_  
Seed Treatment: \_\_\_\_\_ Lot Number: \_\_\_\_\_  
Lot Number: \_\_\_\_\_ Seed Treatment: \_\_\_\_\_  
Units Lost: \_\_\_\_\_ Replant Units: \_\_\_\_\_  
Planting Date: \_\_\_\_\_ Reason for Replant: \_\_\_\_\_

5933 FM 1157  
Ganado, TX 77962  
361-771-2755  
www.bhgenetics.com

This program is only offered for the first replanting of the season.  
Original purchase must be confirmed before replant seed is shipped.

Grower Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

B-H Genetics Signature: \_\_\_\_\_  
Date: \_\_\_\_\_