

Please email completed forms to
replant@bhgenetics.com.



REPLANT CLAIM FORM

Final deadline to submit form:

South - May 31

North - July 15

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: _____