AlfaGen® SEEDS

# Establishment Guarantee Claim Form

ESTABLISHMENT GUARANTEE®

Return the form, along with any supporting documentation, to your local Territory Manager.

## FARMER TO COMPLETE

Title: Mr ☐ Mrs ☐ Ms ☐ Other, specify:

First name: Surname:

Trading name:

Street:

Town:

State: QLD ☐ NSW ☐ VIC ☐ TAS ☐ SA ☐ WA ☐ NT ☐ Postcode:

Phone (office): Phone (mobile):

Email:

Hectares planted: Quantity required for replant: (kg)

Signature: Date:

## RETAILER TO COMPLETE

Retailer trading name:

Title Mr ☐ Mrs ☐ Ms ☐ Other, specify:

Name: Surname:

Store phone number :

Purchased: (kg) Purchase date:

Original purchase order number: *Please attach original invoice to farmer.*

New order number required from reseller at 50% discount:

Signature: Date:

**RECEIPT OF FORM**

☐ APPROVED ☐ NOT APPROVED SIGNATURE:

NAME: DATE:

☐ APPROVED ☐ NOT APPROVED SIGNATURE:

NAME: DATE:

## DETAILS OF ESTABLISHMENT GUARANTEE CLAIM