Grower Satisfaction Guarantee Claim Form

If for any reason your customer is unsatisfied with the performance of our product, we will provide replacement Indigo product for use in the following season. We understand that sometimes you need to take a second look.



Claim forms must be submitted in year of harvest by:

Spring Crops - December 31 Winter Crops - August 1

» Completed Claim Form must be returned to your Indigo retailer by the above deadlines

» Claims cannot exceed purchased product coverage acres or multiple claims filed on the same acres

» Claim replacement product credit excludes additional seed handling or processing fees

Customer Information

Full Name:				Date:	
Last		First	M.I.		
Address: Street Address					Apartment/Unit #
City			State		ZIP Code
Phone:		Email:			
Date of Purchase:	Product Purcha	ased:	Volume	Purchased:	
		Field Information			
Product Purchased:		# of Acres:		Planting Rate:	
Did you plant an untreated cont	rol strip in your field?	YES NO			
Reason for issuing claim:					
		Retailer Informatio	n		
Retailer Name:					
Address:					
Street Address					
City			State		ZIP Code
	D	isclaimer and Signa	ture		
I certify that my answers are true I understand that false or mislea			isqualification	of claim.	
Signature:				Date:	
INDIGO DOES NOT MAKE ANY OTHER WARRANTIES OF MERCHANTABILITY (CT, EXPRESS OR I	MPLIED, INCLUDING	BUT NOT LIMITED TO, IMPLI



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