Replant Claim Form Indigo is committed to the success of each farmer and if replanting is required we will provide additional biotrinsic product free of charge. Claims forms must be submitted in year of planting: Spring crops - July 1 Winter Crops - December 31 (Attach Seed Replant Claim Form that was submitted to your seed supplier) **>>** 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: _ First MI Last Address: Street Address Apartment/Unit # ZIP Code City State _____ Email: __ Phone: Date of Purchase: _ _____ Product Purchased: _ _____ Volume Purchased: __ **Field Information** # of Acres: _____ Planting Rate: ___ YES NO Did you plant an untreated control strip in your field? Reason for issuing claim: ___ **Retailer Information** Retailer Name: _ Address: Street Address City ZIP Code State **Disclaimer and Signature** I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my claim form may result in disqualification of claim.

Signature: ______ Date: _______

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