|  |
| --- |
| Grower Information |
| Company/Orchard Name:  |
| Mailing address: |
| City:  | State: | ZIP Code: |
| Global Gap Certificate number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attach a copy of the certificate for file. | Crop Lien: \_\_\_\_YES\_\_\_\_ NO  | Owner of Lien:Address on Check: |
| Contact Information |
| Primary Contact:  | Additional Contact: | Additional Contact: |
| Title: | Title: | Title: |
| Phone Number:Cell Phone Number: | Phone Number:Cell Phone Number: | Phone Number:Cell Phone Number: |
| Email: | Email: | Email: |
| Check Required Information to be sent: Packout Grower Statement  Warehouse Notices Financial Documents Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Check Required Information to be sent: Packout Grower Statement  Warehouse Notices Financial Documents Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Check Required Information to be sent: Packout Grower Statement  Warehouse Notices Financial Documents Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Preferred Delivery Method: Mail Email   | Preferred Delivery Method: Mail Email   | Preferred Delivery Method: Mail Email   |
| **COMMENTS** |
|    |
| Variety / Lot / Bins  |
| Physical Orchard Address: | City/County: |
| Lot Number: | Variety: | *Leased: YES / NO* Name & Address: |
| Number of Acres: | Estimated Bins: |  |
| Physical Orchard Address: | City/County: |
| Lot Number: | Variety: | *Leased: YES / NO* Name & Address: |
| Number of Acres: | Estimated Bins: |  |
| Physical Orchard Address: | City/County: |
| Lot Number: | Variety: | *Leased: YES / NO* Name & Address: |
| Number of Acres: | Estimated Bins: |  |
| Physical Orchard Address: | City/County: |
| Lot Number: | Variety: | *Leased: YES / NO* Name & Address: |
| Number of Acres: | Estimated Bins: |  |
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| Lot Number: | Variety: | *Leased: YES / NO* Name & Address: |
| Number of Acres: | Estimated Bins: |  |
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| Lot Number: | Variety: | *Leased: YES / NO* Name & Address: |
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| Number of Acres: | Estimated Bins: |  |