

2018 SmartBox® System Order Form All lines below must be filled out.

	* '			
Farm Name:				Date:
Grower Name:				
Address 1:				
Address 2:	State:			
City:		Zip Code: Email:		
Thone.	Cell I Holle.	(GROW	ER EMAIL ADDRESS IS REQUIRE	D TO PROCESS THE ORDER.
Shipping Information (Please print and fill out complete	ly)		
Farm Name:				
Grower Name:				
Address 1:				
Address 2:				
City:			Phone:	
Planter Information (ch	eck appropriate boxes)			
☐ John Deere ☐ Kinze	☐ Case IH	☐ White	☐ Great Plains	☐ Monosem
Planter Model Number:	Number of Rows:	Row Spacing: T	ractor Make & Model:	
Planter Configuration (Check one):	_	t or Drawbar		
Francei Configuration (Check one).	эр/Modified 2p	tor Drawbar		
Folding Configuration (Check one):	Front-Fold 90° W	ing Fold 180° ☐ Rigid	☐ Pivot ☐ Vertic	al Stack Fold
Central Fill/Commodity: Yes	No 3 Bushel Boxes: ☐Yes ☐	No Standard 1.6 Bushel Bo	ox: Yes No Twin/Spli	t Rows: Yes No
Row Shutoffs: Yes No Electr	ric: Air: Make/Model	of Seed Clutch		
Refuge System: Yes No (If y	res, please contact 888-762-7826	option #1 for purchasing detail	ıls.)	
* Will you need Brackets?	(Please fill out separate brack	xet order form)	Lift Kit / Riser Bı	racket:
Where do you plan to purchas	e insecticide?		Location:	
Notes:				
Payment Options IMPORTANT: Orders will not be s subject to cancellation. *Sales tax				
Check Number:		Amount:		
Name on Credit Card:				
Credit Card Number: (Visa / MasterCard)		Exp. Date () 3-Digit Security Co	ode:
Make checks payable to: AM Remit checks to: World Class			60014	
Grower Acceptance (<u>signature</u> It is understood that this Smart System.		es the grower to commit	to the proper stewardship	of the SmartBox®
Grower Signature:			Date	
To place an order: Fax	815 479 9975 • Call 888-'	762-7826 Option 1 • E1	nail :AmvacSales@wor	dclassind.com

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