

COMPANY NAME

AGTIV® LANDSCAPING PROGRAM CLAIM FORM

CONTACT NAME			E-MAIL ADDRESS				DISTRIBUTOR		·		
CUSTOMER INFORMATION INVOICE NUMBER		QUANTITY	SPECIES OF PLANT	DATE OF		PLANT VALUE	ELIGIBLE PLANT VALUE	SUB TOTAL	YEAR 1*	YEAR 2*	
		NUMBER	QUANTITY	one species by line	PURCHASE yyyy-mm-dd	RETURN yyyy-mm-dd	PLANT VALUE	MAX\$300,00/plant	SUB TOTAL	50%	75%
NAME:								- \$	- \$		
NAME:								- \$	- \$		
NAME:								- \$	- \$		
NAME:								- \$	- \$		
NAME:								- \$	- \$		
NAME:								- \$	- \$		
NAME:								- \$	- \$		
NAME:								- \$	- \$		
NAME:								- \$	- \$		
NAME:								- \$	- \$		
- ¢											_ ¢

PHONE NUMBER

Required documents for each claim

Green Goods Supplier

ADDRESS

- For the same project The proof of purchase of Eligible plants and the correct amount of AGTIV® product (included copy of the application chart)
- Signed replacement document (credit note, reimbursement, etc.) with Landscapers name, address and phone number

In order to be credited for replacing the dead plants, the Member shall submit his claim, within 12 months from the time of the replacement plant.



Send by email at : landscapingprogram@ptagtiv.com

Version: 2024-10-25

DATE

TOTAL:

YYYY-MM-DD

^{* 50%} for the first year or 75% for the second year and is limited exclusively to the Cost of the Replacement Plants