

2021 SMARTBOX® SYSTEM ORDER FORM

Equipment for Use With Precision Planting® vDrive® Insecticide *Can Only Be Ordered by a Precision Planting Premier Dealer*

Dealer/Shipping Information

Precision Planting Dealer Name:		Date:
Contact Name:		
Address:		
City:	State:	Zip Code:
Phone:	Cell Phone:	Email: <i>(Required to process the order)</i>

Grower Information *(Needed in order to qualify for rebates that can be earned for qualifying purchases of AMVAC® brand products)*

Farm Name:		
Grower Name:		
Address:		
City:	State:	Zip Code:
Phone:	Cell Phone:	Email:

Planter Information *(Check appropriate boxes)*

<input type="checkbox"/> John Deere®	<input type="checkbox"/> Kinze®	<input type="checkbox"/> Case IH®	<input type="checkbox"/> AGCO® White™	<input type="checkbox"/> Great Plains®	<input type="checkbox"/> Monosem®
Planter Model Number:	Number of Rows:	Row Spacing:	Tractor Make/Model:		
Planter Configuration (check one): <input type="checkbox"/> 3pt/Mounted <input type="checkbox"/> 2pt or Drawbar					
Folding Configuration (check one): <input type="checkbox"/> Front-Fold 90° <input type="checkbox"/> Wing-Fold 180° <input type="checkbox"/> Rigid <input type="checkbox"/> Pivot <input type="checkbox"/> Vertical <input type="checkbox"/> Stack-Fold					
Central Fill/Commodity: <input type="checkbox"/> Yes <input type="checkbox"/> No 3 Bushel Boxes: <input type="checkbox"/> Yes <input type="checkbox"/> No Standard 1.6 Bushel Box: <input type="checkbox"/> Yes <input type="checkbox"/> No Twin/Split Rows: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Secondary Transfer Container <i>(Additional cost; made from a cleaned, previously used SmartBox® Transfer Container):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will you need brackets or lift kit? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please fill out separate bracket order form)</i> In-Furrow Tubes <i>(Additional cost):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No					

AMVAC® Territory Manager

Name:	
Where do you plan to purchase insecticide?	Location:



Notes

Payment Options (Precision dealers net 30 days)

Sales tax exemption form must be filled out, signed and submitted with order or sales tax will be charged. Applies to Illinois only.

Check Number:	Amount:
Name on Credit Card:	
Credit Card Number (VISA/MasterCard):	Expiration Date (MM/YY): Security Code:
Make checks payable to: AMVAC Chemical Corporation Remit checks to: AMVAC SmartBox Orders, 375 E. Prairie Street, Crystal Lake, IL 60014	
Dealer Signature:	Date:

To place an order, call 1-888-762-7826 (option #1), fax 815-479-9975 or email SmartBoxOrders@AMVAC.com.

AMVAC Chemical Corporation reserves the right to change pricing without notice.