FarmerSelect Financing Program Final Settlement

Customer Name: _____

Account #: _____

Dealer Name: _____

Account #: _____

Total amount to be billed to Customer's FarmerSelect Account: $ _____

All parties agree to the amount above to be applied to the customer's FarmerSelect account.

_____ _____

Customer Signature: *Date:*

_____ _____

Dealer Signature: *Date:*

Scan & Email Completed Request Form to lewis.team@monsanto.com
Or Fax Completed Request Form to 217-964-2232

PAYMENTS

The full amount is due by November 25, 2020. Please use the remittance tear-off from your statement or make sure your check clearly identifies the account name and account number. **Please remit your payment(s) to:**

LEWIS HYBRIDS™
PO BOX 204087
Dallas TX 75320-4087

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