

California Avocado Commission

Good Agricultural Practice (GAP) Certification Incentive Rebate Request Form

Before Filling Out This Form, Please Refer to the CAC-GAP Incentive Rebate Guidelines for Important Information, Limitations and Required Document Attachments. The Incentive Rebate Guidelines Can Be Found Here:
<http://www.californiaavocadogrowers.com/gap>

Grower / Grove Owner Information

Grower / Company or Legal Entity Name:*			
Taxpayer Id. or Social Security Number:*			
Street Address:*			
City:*			
State:*		Zip Code:*	
Phone Number:*		Contact Person:*	
Email Address:*			

Grove Information

Ranch Name:*	
Physical Location of Grove (Address), including Zip Code: *	
<i>Complete at least one of the following two items:*</i>	
<ul style="list-style-type: none"> • Grove Coordinates or GPS Location: 	
<ul style="list-style-type: none"> • Assessor's Parcel Number: 	

* Mandatory fields

Please choose how you want to receive your rebate:

Option 1: Please send me my rebate through Automated Clearing House (Direct Deposit)

Account Holder's Name:			
Bank routing number:			
Bank account number:			
Account type:	Checking	Savings	

California Avocado Commission will only use the above information for the purpose of GAP Incentive Rebate payment

Option 2: Please send me a check

Name:				
-------	--	--	--	--

Check if mailing address is the same as above

Mailing street address:					
City:		State		ZIP:	

Certification Statement

I certify that, under penalty of perjury, the foregoing information is true and correct, and that I have the right to receive the payment requested. I understand that the information above may be subject to verification by the California Avocado Commission prior to payment, and that false or incorrect information shall invalidate my request for payment.

If I choose to receive my rebate through Automated Clearing House (Direct Deposit), I hereby authorize California Avocado Commission to initiate credit entries to my (our) Checking/Savings Account indicated above for the purpose of issuing the GAP rebate, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

If filing electronically, the requestor must type his/her full name, which constitutes his/her electronic signature.

Signature: _____

Name: _____

Date: _____

BEFORE SENDING THIS FORM PLEASE ATTACH ALL REQUIRED DOCUMENTATION