

Cool Terra® Organic Grower Assurance Program Initiation Form

Grower Information

Name : _____

Phone: _____ Email : _____

Farm Address : _____
_____ State _____ Zip _____

Cool Terra® Organic Purchased

Company Purchased From: _____

Retailer Representative Name: _____

Crop Advisor Name: _____

of Supersacks Purchased: _____ Total Purchase Price: _____

Supersack Bag #'s: _____

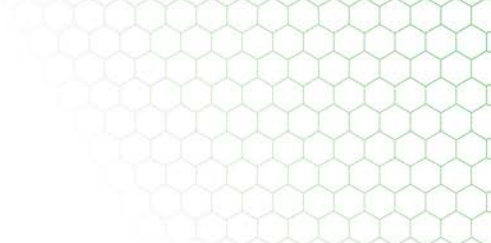
Crop

Type: Potato Lettuce Strawberry Alfalfa (hay)
 Fresh-Market Tomato Other* _____

Variety: _____ Total Acres Being Planted: _____

Has Crop been planted yet :

- No, estimated planting date _____
- Yes^, planting date _____



Cool Terra® Organic Treated Plot

GPS Coordinates _____

Total Acres _____ Application Rate: _____

Application Method: _____

Application Timing (in conjunction with other practices including bedding, fertilizing, planting, etc.):

Control Plot

This should be adjacent and similar to the treated plot but not have Cool Terra applied so it can be used as a comparison

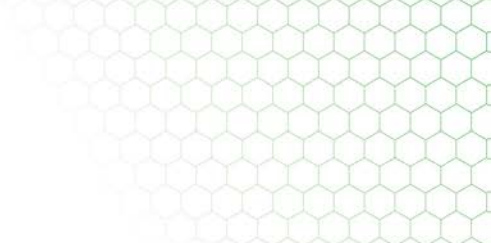
GPS Coordinates _____

Total Acres _____

Growing Plans

Fertilizer type, rate, and plan for both plots:

Pesticide type, rate, and plan for both plots:



Irrigation method, rate, and plan for both plots:

I have read, acknowledge, and agree to the terms and conditions of this program found at www.coolplanet.com/cool-terra/grower-assurance/

Grower Name _____

Signature _____

Date _____

* To enroll in this program for use in a crop other than those listed, Cool Planet management must approve via a signed Grower Assurance Program Exception Form prior to harvest

^ To enroll in this program this form must be submitted prior to planting or within the first 30 days after planting to coolterra@coolplanet.com