Grower#_____

DESCRIPTION OF ORCHARDS

Grower Name: Date:

Address: Grower Phone:

City: State: Zip: Grower Email:

Check one: ☐ New Grower ☐ Change to existing grower

**Please include a W-9 for each Payee listed, payments will be sent to the address on the W-9 unless otherwise instructed.*

Orchard Name / Description	Total Acres	Variety	Age of Orchard in Years			Payee Name / Grower #		Split %
			0-5	6-20	21+			
						1		
						2		
						3		
						1		
						2		
						3		
						1		
						2		
						3		
						1		
						2		
						3		
						1		
						2		
						3		
						1		
						2		
						3		
						1		
						2		
						3		