

WA-237

(09-30-97)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

ORDER FOR PRINTING U.S. WAREHOUSE RECEIPT FORMS

1. MAIL / FAX TO: CHIEF LICENSING BRANCH P.O. BOX 419205 KANSAS CITY, MISSOURI 64141-6205	FAX No. (816) 823-1805	2. FOR USDA USE ONLY !	3. ORDER NO.
		4. DESCRIPTION: (Check one) <input type="checkbox"/> PAPER RECEIPTS <input type="checkbox"/> PUNCHED CARDS	

5. LICENSE NO.	6. PRINT AND/OR PREPUNCH:		
	<input type="checkbox"/> RECEIPT NUMBERS	<input type="checkbox"/> CCC WAREHOUSE CODE NO.	_____

7. NAME OF WAREHOUSE	8. LOCATION OF WAREHOUSE
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9. NAME OF WAREHOUSEMAN

10. INCORPORATED UNDER THE LAWS OF STATE OF: <i>(If not incorporated, show "None.")</i>	11. CHECK ONE
	<input type="checkbox"/> PROPRIETOR <input type="checkbox"/> LESSEE <input type="checkbox"/> NEITHER

12. QUANTITY WANTED	13. SERIALLY NUMBERED		14. COPIES IN SET <i>(Excluding original)</i>	15. TYPE ASSEMBLY DESIRED
	FROM	TO		

NOTE: Duplicate copy of UGRSA grain receipts will be fully printed on salmon paper. Record Copy (to remain in book) - White.

16. COMMODITY TO BE COVERED: (Check one)

COTTON LINTERS GRAIN OTHER (Specify) _____

17. KIND OF RECEIPT: (Check one)	18. INSURANCE STATEMENT: (Check one)
<input type="checkbox"/> BEARER <input type="checkbox"/> ORDER <input type="checkbox"/> NON-NEGOTIABLE	<input type="checkbox"/> FULLY INSURED (Standard policy) <input type="checkbox"/> ALL RISK (Except war risk) <input type="checkbox"/> NOT INSURED

19. TYPE OF RECEIPT: (Check one)

SINGLE BALE MULTIPLE BALE STANDARD UGRSA (Grain) SPECIAL FORM (Copy attached)

OVERPRINT: (Check appropriate box(es) below) (Red ink will be used unless otherwise specified.)

LICENSED WEIGHER NOT GRADED ON REQUEST OF DEPOSITOR OTHER (Specify exact wording) _____

WAREHOUSE RATES IN LIEN COLUMN? (Check one)

YES NO If "Yes," specify exact wording.

SHIP TO: (Specify exact name and address, including ZIP code to which receipts are to be shipped.)	REMARKS
SHIP BY: (Method)	

FOR USDA USE ONLY	When this order is filled please have contract printer send statement of charges; a check will be promptly forwarded to him.
APPROVED BY _____ <i>(FOR U.S. DEPARTMENT OF AGRICULTURE)</i>	SIGNED _____ <i>(LICENSED WAREHOUSEMAN)</i>
DATE APPROVED _____	PER _____
	DATE SIGNED _____