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: **FAX No. (816) 823-1805**

CHIEF
LICENSING BRANCH
P.O. BOX 419205
KANSAS CITY, MISSOURI 64141-6205

2. FOR USDA USE ONLY ➡

3. ORDER NO.

4. DESCRIPTION: *(Check one)*
☐ PAPER RECEIPTS   ☐ PUNCHED CARDS

5. LICENSE NO.

6. PRINT AND/OR PREPUNCH:
☐ RECEIPT NUMBERS   ☐ CCC WAREHOUSE CODE NO. _____

7. NAME OF WAREHOUSE

8. LOCATION OF WAREHOUSE

9. NAME OF WAREHOUSEMAN

10. INCORPORATED UNDER THE LAWS OF STATE OF:

(If not incorporated, show "None.")

11. CHECK ONE
☐ PROPRIETOR   ☐ LESSEE   ☐ NEITHER

12. QUANTITY WANTED	13. SERIALLY NUMBERED		14. COPIES IN SET *(Excluding original)*	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)*
☐ BEARER   ☐ ORDER   ☐ NON-NEGOTIABLE

18. INSURANCE STATEMENT: *(Check one)*
☐ FULLY INSURED *(Standard policy)*   ☐ ALL RISK *(Except war risk)*   ☐ 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 _____ *(FOR U.S. DEPARTMENT OF AGRICULTURE)* DATE APPROVED _____	SIGNED _____ *(LICENSED WAREHOUSEMAN)* PER _____ DATE SIGNED _____