

This form is available electronically.

CCC-1045ELS-1 (06-06-03)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. AGREEMENT NO.
WEEKLY CONSUMPTION/APPLICATION FOR PAYMENT REPORT FOR EXTRA LONG STAPLE COTTON		2. DATE PREPARED (MM-DD-YYYY)
NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.		

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a), and the Paperwork Reduction Act of 1995, as amended. The Federal Agriculture Improvement Reform Act of 1996 and regulations in 7 CFR Part 1427 authorize the collection of information required for participation in the Upland Cotton User Marketing Certificate Program. The information will be used to determine eligibility to receive payment and to determine payment amounts. Providing this information is voluntary; however, without it, participation in the program will be denied. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO THE KANSAS CITY COMMODITY OFFICE, CONTRACT RECONCILIATION DIVISION, STOP 8758, POST OFFICE BOX 419205, KANSAS CITY MO 64141-6205.**

3. COMPANY NAME AND ADDRESS (Include Zip Code):	6. TAXPAYER ID. NO.:
	7. FRIDAY THROUGH THURSDAY CONSUMPTION DATES (MM-DD-YYYY) through
4. CONTACT PERSON:	
5. TELEPHONE NO. (Include Area Code):	

8. TYPE OF COTTON	9. NUMBER OF BALES	10. NET POUNDS	11. PAYMENT RATE	12. PERCENT	TO BE COMPLETED WHEN THERE IS A POSITIVE PAY
					13. PAYMENT AMOUNT (Item 10 X Item 11)
Baled Lint		X		100%	\$
Loose		X		100%	\$
TOTAL:					\$

I hereby certify that this form and all supporting documents (when required) are being submitted in accordance with the terms of the Extra Long Staple/Exporter Agreement and that the cotton covered by this application/report was domestically produced, has not previously earned a payment under the Extra Long Staple Cotton Competitiveness Program (7 CFR Part 1427), and is eligible for a payment, if applicable.

14. SIGNATURE OF AUTHORIZED REPRESENTATIVE	15. TITLE OF AUTHORIZED REPRESENTATIVE	16. DATE SIGNED (MM-DD-YYYY)
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<p>If sending by regular U.S. Mail, send to:</p> Financial Review Branch Contract Reconciliation Division Kansas City Commodity Office P.O. Box 419205, STOP 8758 Kansas City, Missouri 64141-6205	OR	<p>If sending by Special Delivery, hand carry or FEDEX, send to:</p> U.S. Department of Agriculture Farm Service Agency FRB/CRD Kansas City Commodity Office Room G-42, STOP 8758 6501 Beacon Drive Kansas City, Missouri 64133-4675 Office Hours: 7:00 - 4:30
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