



Customer Information / Credit Application

Business Name: _____

Date: _____

Type of Business: Corporation () Partnership () Individual () LLC ()

Classification of Business: Garden Center () Nursery () Landscape Contr. () Wholesaler () Other: _____

Mailing Address: _____
Street City State Zip

Physical Location (if different): _____
Street City State Zip

Owner/ Manager: _____ Phone # _____ Fax # _____

Buyer/Contact: _____ Cellular #: _____ Beeper #: _____

Accounts Payable Contact: _____ E- Mail Address: _____

Year in Business: _____ FED ID #: _____

Trade References: Please take the time to thoroughly complete all requested information. This will insure that your application will be processed without delay.

Reference #

Reference: _____ Contact: _____

Address: _____ Phone # _____

Fax #: _____

Reference #

Reference: _____ Contact: _____

Address: _____ Phone # _____

Fax #: _____

Reference #

Reference: _____ Contact: _____

Address: _____ Phone # _____

Fax #: _____

Landlord (if Location is rented)

Reference: _____ Contact: _____

Address: _____ Phone # _____

Fax #: _____

Bank Information

Bank _____ Phone # _____ Contact Person: _____

Address: _____

Account # _____ Fax # _____

Sales Tax Status

Are you sales tax exempt? YES () NO ()

* If you are tax exempt, a certificate must accompany this application.