



CUSTOMER APPLICATION FORM

Company Name:		
Physical Address:		
City, State, Zip:		
Billing Address:		
City, State, Zip:		
Phone:	Fax:	
Owner's Name:		Phone:
Email:		
Send Invoices to this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Send Statements to this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Buyer's Name:		Phone:
Email:		
Send Invoices to this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Send Statements to this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Accounts Payable Name:		Phone:
Email:		
Send Invoices to this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Send Statements to this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Re-wholesale <input type="checkbox"/> Landscape <input type="checkbox"/> Grower <input type="checkbox"/> Other		No. Years in Business:
Tax Exemption: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out Resale Certificate		
Requesting Credit: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out Credit Application		
Would you like us to email availabilities and updates to you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please provide email address(s) below:		
Email: _____		
Email: _____		
Applicant Name	Signature	Date
Driver's License State & Number	Expiration	