



CUSTOMER APPLICATION FORM

Company Name:		
Physical Address:		
City, State, Zip:		
Billing Address (if different from Physical 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 complete Tax Resale Certificate		
Requesting Credit: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete Credit Application		
Updates and monthly availabilities will be sent to email listed. Please provide any additional email address(s): Email: _____ Email: _____		
Applicant Name	Signature	Date
Driver's License State & Number	Expiration	