



NEW CUSTOMER INFORMATION

Wholesale exclusively to licensed members of the nursery trade.

DATE _____ CUSTOMER CODE _____

E-mail address _____

Legal Business Name:
 DBA (Trade Name): _____
 Nursery or Stock Dealer Certificate # _____
(proof of trade status required as shown or equivalent home state dealer registration)
Nature of Business: Retail Garden Center _____ Landscape Contractor _____
 Wholesale Nursery _____ Government Agency _____ Landscape Architect _____
 Broker _____ Bonsai _____ Other _____

Mailing Address: _____
(street or P.O. Box) City _____ State _____ Zip _____ County _____
 Phone _____ FAX _____
Physical/Shipping Address: _____
(street and number) City _____ State _____ Zip _____ County _____
 Phone _____ Contact _____
 Is nursery convenient for tractor/trailer delivery? YES ___ NO ___

LEGAL STATUS:
 Year Established _____ Proprietorship _____ Partnership _____ Corporation _____
 Business is a: division _____ subsidiary of _____
Owner(s) or Officers *(fill in all owners' / officers' names)*
 1. President / Owner _____
 2. V. President / Partner _____
 3. Sec. / Treas. / Partner _____
Authorized Buyers _____ **PO Required** _____
 Sales Tax Certificate # _____ *(please provide even if tax is to be paid)*
 Will you prefer to exempt sales tax? YES ___ NO ___ *(if yes, please submit your signed Annual Resale Certificate)*

TERMS OF SALE

Normal Terms of Sale are **CASH CURRENCY, CASHIER'S CHECK, CREDIT CARD.** In addition to the information above, the following must be completed before approval of company checks can be considered.

*Florida Agricultural Bond and License # _____
 Amount _____ Date Issued _____

**(Required for all dealers conducting business in Florida, Sections 604.15 – 604.30 Fla. Statutes)*

Trade References:

1) Name _____ Telephone # _____
 2) Name _____ Telephone # _____
 3) Name _____ Telephone # _____

THIS IS NOT A CREDIT APPLICATION

FOR OFFICE USE ONLY	COMMENTS _____
	BILL TO: BROKER CUSTOMER SPECIAL NEW BRANCH OF EXISTING ACCOUNT
	DELIVER ZONE: A B C D E F G H I J K Z
	TERMS: CASH _____ CHECK _____ NET 30 _____ OTHER _____
	STATUS: RA ___ MA ___ LA ___ P ___ C ___ D ___ O ___ X _____