



Wholesale Bulbs • Perennials • Plants • Soils • Supplies

New Customer # _____

Sales Rep _____

NEW CUSTOMER FORM

Business Name:			Date:
Contact Name:			
Bill to Address:			Phone:
			Fax
			Email
Ship to Address(if different from above):			Phone:
			Fax
			Email
Preferred method to receive documents			Mail Fax Email
Credit Application Sent?	Yes	No	
Taxable?	Yes	No	Tax ID#
If not taxable please include completed copy of Michigan Sales and Use Tax Exemption Certificate			
Credit Card Info	#:	Exp	Validation Code
Comments/Special Instructions			
Catalog Request			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			