

A+ Garden Center Pro Division Application

(This is not a credit application)

Company Name: _____

Primary Contact: _____

Name on Check or Credit Card, if different from above: _____

Business Address: _____

City: _____ State: _____

Phone Number: _____

Email Address: _____

Website: _____

Business ID Number (FEIN, EIN, SS#): _____

___ Corporation ___ Partnership ___ Sole Proprietorship ___ LLC ___ Non Profit/Other

Additional Authorized Buyers* on Acct: _____

*Employees or partners within your company. Must be listed on your account before making purchases

Business Description

- | | | |
|--|---|--|
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Residential Construction | <input type="checkbox"/> Golf Course |
| <input type="checkbox"/> Realtor | <input type="checkbox"/> Commercial Construction | <input type="checkbox"/> Property Management |
| <input type="checkbox"/> Container Garden Services | <input type="checkbox"/> Municipality | <input type="checkbox"/> Other_____ |

Are you requesting Tax Exempt Status? ___ Yes ___ No

Agreement

By signing this application, you certify that all information provided is true and accurate to the best of your knowledge. You understand that any misrepresentation may result in the termination of your wholesale account.

Signature:_____Date:_____

Please Attach, if applicable:

- ☐ A copy of your business license or ST3
- ☐ A copy of your fully completed and signed tax exemption certificate
- ☐ A completed Credit Application, if you'd like to open a credit account with us

Office Use: Date_____ Initials_____
