

Wholesale Customer Application

Business name: _____

Name of the owner(s): _____

Street address: _____

City: _____ State: _____ Zip code: _____

Business number: _____ Cell number: _____

Email: _____

Please provide us with a voided copy of a check or deposit slip imprinted with the business name and address

Wholesale customers are legitimate businesses who purchase plants for resale.

How many years have you been in business? _____

Are you: plant retailer plant re-wholesaler contractor other/ specify: _____

Are you a: DBA Corporation other/ specify: _____

EIN Number: _____

Do you have a website or social media presence? yes no
provide link _____

Are you tax exempt? yes no
fill out the attached tax - exempt form

Do you have a Nursery Salesman's license? yes no
please provide us with a copy

Please provide us with the name and contact information of 3 businesses you have a wholesale relationship with

Non profits: Wholesale pricing is extended to some non-profits, government agencies and educational institutions and is determined on a case by case basis. If you are non-profit, please provide documentation of your state and federal non-profit status.

Print name: _____ Title: _____

Signature _____ Date _____