



"Growers & Brokers of the Finest Potted Plants"



C. O. D. ACCOUNT INFORMATION

This form must be completed in full to establish a C. O. D. account. We require a business card or company letterhead be submitted and a **photocopy of your resale certificate or you will be charged sales tax.**

NOTE: A \$25.00 charge will be assessed for any check returned for non-sufficient funds.

Name of Company or Individual (Customer) _____
Date

Business Address _____
Phone Number

City, State & Zip Code _____
Fax Number

Type of Business and Products Sold _____
Date Established _____
Email Address

How did you hear about our company? _____

Do you require a purchase order on invoices? Yes / No If yes, circle: Job # Job name Buyer

Accounts payable contact name _____ Email _____

List 3 Business References That You Currently Purchase From:

Name Address Phone Number

Banking Information:

Bank Name _____
Bank Account Number

Address _____
Phone # _____
Contact

Ownership:

Owner Name _____
Address _____
Social Security Number

Owner Name _____
Address _____
Social Security Number

Do Not Write In the Space Below

Date _____ Number _____ Code _____ Price Group _____ SM # _____ Limit _____

