



## OF SACRAMENTO

*"One of California's Leading Nurseries"*

10600 FLORIN ROAD

P.O. BOX 276547

SACRAMENTO, CALIFORNIA 95827-6547

Phone: (916) 689-8208

FAX: (916) 689-8207

### New Customer Account Application

This information puts a new customer "On File" and allows purchases on a C.O.D. basis immediately. If a charge is more convenient for you, please request a credit application.

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # Office \_\_\_\_\_ Home \_\_\_\_\_

Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_

Date Established: \_\_\_\_\_

Owners Name \_\_\_\_\_

Social Sec. # \_\_\_\_\_ Drivers Lic. #: \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_

Bank's Name \_\_\_\_\_ Branch \_\_\_\_\_

Type of Account:

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other \_\_\_\_\_

Please print names of persons authorized to purchase:

Persons that can make changes to the account:

	YES	NO
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Do you pay sales Tax? \_\_\_\_\_ Do you have a signed resale card on file? \_\_\_\_\_

Sellers Permit No: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_