



Mail@jonsnursery.com

NEW CUSTOMER INFORMATION
THIS IS NOT A CREDIT APPLICATION

Wholesale exclusively to licensed members of the nursery trade.

DATE _____ CUSTOMER CODE _____

E-mail address _____

Legal Business Name:

DBA (Trade Name): _____

Nursery or Stock Dealer Certificate # _____

(proof of trade status required as shown or equivalent home state dealer registration)

Nature of Business: Retail Garden Center _____ Landscape Contractor _____

Wholesale Nursery _____ Government Agency _____ Landscape Architect _____

Broker _____ Bonsai _____ Other _____

Mailing Address: _____

(street or P.O. Box) City _____ State _____ Zip _____ County _____

Phone _____ FAX _____

Physical/Shipping Address: _____

(street and number) City _____ State _____ Zip _____ County _____

Phone _____ Contact _____

Is nursery convenient for tractor/trailer delivery? YES ___ NO ___

LEGAL STATUS:

Year Established _____ Proprietorship _____ Partnership _____ Corporation _____

Business is a: division _____ subsidiary of _____

Owner(s) or Officers *(fill in all owners' / officers' names)*

1. President / Owner _____

2. V. President / Partner _____

3. Sec. / Treas. / Partner _____

Authorized Buyers _____ **PO Required** _____

Sales Tax Certificate # _____ *(please provide even if tax is to be paid)*

Will you prefer to exempt sales tax? YES ___ NO ___ *(If yes, please submit your signed Annual Resale Certificate)*

TERMS OF SALE

Normal Terms of Sale are **CASH CURRENCY, CASHIER'S CHECK, CREDIT CARD.** In addition to the information above, the following must be completed before approval of company checks can be considered.

*Florida Agricultural Bond and License # _____

Amount _____ Date Issued _____

**(Required for all dealers conducting business in Florida, Sections 604.15 – 604.30 Fla. Statutes)*

Trade References:

1) Name _____ Telephone # _____

2) Name _____ Telephone # _____

3) Name _____ Telephone # _____

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**FOR OFFICE
USE ONLY**

COMMENTS _____

BILL TO: BROKER CUSTOMER SPECIAL NEW BRANCH OF EXISTING ACCOUNT

DELIVER ZONE: A B C D E F G H I J K Z

TERMS: CASH _____ CHECK _____ NET 30 _____ OTHER _____

STATUS: RA ___ MA ___ LA ___ P ___ C ___ D ___ O ___ X ___