



472 Marshall Avenue, Williston, VT 05495 Phone 802-658-2433  
Fax 802-860-2936 E-mail wholesale@gardeners.com

## WHOLESALE CUSTOMER APPLICATION

(PLEASE NOTE: This is NOT an application for A Net 30 credit)

DATE:

BUSINESS NAME

DATE BUSINESS EST.

OWNER / MAIN CONTACT

MAILING ADDRESS

CITY, STATE, ZIP

BUSINESS PHONE

CELL

FAX

E-MAIL

WEBSITE

NAME OF BOOKEEPER / ACCOUNTANT

PHONE #

PLEASE DESCRIBE YOUR BUSINESS

FEDERAL ID #

SHOULD WE CHARGE YOUR FIRM SALES TAX? YES NO

If no, please provide your State tax number

DO YOU USE P.O. NUMBERS OR PROJECT NAMES? YES NO

DO YOU WISH TO HAVE LIMITED SIGNERS? YES NO

*Name of others who may use the account*

Please provide Gardener's Supply Company with at least two of the below showing your company as an established and recognized business within the green industry.

\*Trade Name Registration

\*Business Card

\*Nursery registration

\*Company Check

\*Company Emblem

\*Greenworks membership