

# CUSTOMER NUMBER APPLICATION

*FOR INTERNAL USE ONLY*
DATE & INITIALS
CUSTOMER NUMBER

**Please fill in all information and fax the completed Customer Number Application to (847)742-2655**  
This form is not an application for terms or credit. Credit applications are available separately on request.

<b>Please check the appropriate box:</b>		<input type="checkbox"/> NEW CUSTOMER		<input type="checkbox"/> CUSTOMER CHANGE		
<b>NAME / ADDRESS / PHONE</b>	Legal Business or Organization Name					
	Bill To Address					
	City		State		Zip	
	Phone #		Fax #			
	Ship To Address (If different than bill to)					
	City		State		Zip	
	Phone#		Fax #		Website	
Employer Identification Number (EIN)		AND /OR	Owner's Social Security #		Owners Name	
<p><b>NOTE: If you do not have a Federal Employer Identification Number (EIN), please provide 2 proofs of business such as a: voided business check, business license, state certificate of business registration, membership in a professional association, trade association or chamber of commerce. Additional information may be requested to set up your account. For more information, contact our Customer Service Department.</b></p>						
<b>CONTACTS</b>	First and Last Name	Position	Cell Phone or Contact Number	Email Address		
		Owner				
		Accounts Payable				
		Buyer				
	Other:					
Please check if you require a Purchase Order # or job name on your orders? <input type="checkbox"/> PO# <input type="checkbox"/> Job Name Checking yes will not allow us to release an order without the required PO# or job name.			How did you hear about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Trade Show <input type="checkbox"/> Referral <input type="checkbox"/> Other			
<b>PRIMARY BUSINESS</b>	<input type="checkbox"/> Landscape Contractor <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Landscape Designer		<input type="checkbox"/> Nursery Re-Wholesale <input type="checkbox"/> Nursery <input type="checkbox"/> Garden Center <input type="checkbox"/> Builder/Contractor			
	<input type="checkbox"/> Multi-Nursery/Garden Center/Landscape Contractor <input type="checkbox"/> Govt./Municipality/Park District <input type="checkbox"/> Other _____					
Please list all green industry professional association memberships, accreditations, and certifications:						
How will you receive your plants <u>most</u> frequently?		<input type="checkbox"/> I will Pick up		<input type="checkbox"/> Midwest will Deliver		
Are you tax exempt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you will not be paying tax, please complete a tax exempt form and return with your completed customer number application				
Would you like to be part of our Custom Color Label Program?	<input type="checkbox"/> Yes – one customized color label on each pot. By special agreement. Added charges apply. More information available upon request.			<input type="checkbox"/> No		
Internal Use Only _____ Code _____ Initials _____ Date _____						
Revised 3/2017						