



"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? _____

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

Number _____ **Code** _____ **Date** _____ **SM #** _____ **Limit** _____

