



12017 Glen Arm Road
 Glen Arm, MD 21057
 www.PerennialFarm.com - www.GrowingForYou.com
 www.TreadwellPlants.com - www.WhatsNative.com

Tel: 410-592-6106
 Fax: 410-592-8338



Wholesale Commercial Account Application

Please fill out and return ASAP in order to get you into our system as a customer through Master Nursery Garden Center. We look forward to a great 2016.

Attach a copy of your business card here

Note:

- **Make a copy first and then fax.**
- **If you attach your business card and try to put it in the fax machine it will jam your machine.**



Please submit a copy of written direction to your delivery location from main highways. Do not submit Google or Map Quest directions

Company Name _____ Contact _____

Bill To Address _____

City, State, Zip Code _____ Years in Business ____ Tel: _____

Fax: _____ Cell Phone: _____ email: _____

Shipping Address (if different) _____

Federal ID # _____ State Sales & Use Tax License _____

State Tax Exempt Status: **Not Tax Exempt** (pay sales tax) **Tax Exempt** (don't pay sales tax)
 (Note ... We will charge you tax unless we have a current copy of your tax certificates attached or on file)

Please check the type of business that applies to you:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Landscape Contractor | <input type="checkbox"/> Garden Center | <input type="checkbox"/> Landscape Architect/Designer | <input type="checkbox"/> Re-Wholesaler |
| <input type="checkbox"/> Property Maintenance | <input type="checkbox"/> Florist | <input type="checkbox"/> Golf Course | <input type="checkbox"/> Other _____ |

Trade References: (3 required)

1. **Company Name:** _____ **Contact Name:** _____

Address: _____ **Tel. No.** _____

2. **Company Name:** _____ **Contact Name:** _____

Address: _____ **Tel. No.** _____

3. **Company Name:** _____ **Contact Name:** _____

Address: _____ **Tel. No.** _____

For office use only:

Code: _____ Date: _____ SP: _____ Label Option Sent: _____