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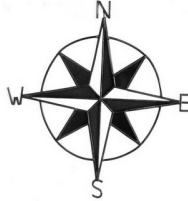
**(This is not a credit application)**

## Wholesale Commercial Account Application

**Commercial Account Application cannot be processed unless this form is filled out completely.**

Attach a copy of your business card

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



\* In order to qualify as a wholesale customer you must maintain annual purchases of at least \$5,000.  
 \* Minimum order for delivery is \$1,500.  
 \* If unable to maintain this minimum level we will designate you as a pickup customer.  
 \* There is no minimum order size for customers who purchase greater than \$20,000 per year

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

Company Name: \_\_\_\_\_ Federal ID : \_\_\_\_\_ Contact: \_\_\_\_\_

Bill to Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

Shipping Address (if different) \_\_\_\_\_

State Tax Status: Not Tax Exempt (Charge State Tax) \_\_\_\_\_ Tax Exempt (Do Not Charge State Tax) \_\_\_\_\_  
 State Sales Tax Exemption # \_\_\_\_\_ (Must have form attached)  
**(If we do not receive a copy of your state sales tax exempt certificate, we will charge you state sales tax for delivery address)**

**Please circle the type of business that applies to you:**

Landscape Contractor	Garden Center	Landscape Architect/Designer	Re-Wholesaler
Property Maintenance	Florist	Golf Course	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: \_\_\_\_\_ Office: \_\_\_\_\_ SP: \_\_\_\_\_ Label Option Sent: \_\_\_\_\_ MC: \_\_\_\_\_