

APPLICATION FOR CASH ACCOUNT

GROVE NURSERY CENTER
9650 Trail Haven Road
Corcoran, MN 55340
PHONE: 763-420-4202
FAX: 763-420-5056

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

CELL: _____

EMAIL: _____

CONTACT PERSON: _____

YEARS IN BUSINESS: _____

NURSERY LICENSE NUMBER: _____

TAX EXEMPT NUMBER: _____

(If applicable, must fill out tax exempt form)

DRIVER'S LICENSE # _____

(Required if you will be paying by check)

SIGNATURE OF OWNER: _____

DATE: _____

Please be sure you are listing a standard business phone number that all authorized purchasers will be familiar with.