

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: _____

Weekly email? Yes or No Weekly availability email? Yes or No

*CONTACT PERSON: _____

YEARS IN BUSINESS: _____

*NURSERY LICENSE # (for Wholesale account): _____

*CONTRACTOR LICENSE # (for Contractor account): _____

Must fill out one or the other -wholesale or contractor.

TAX ID NUMBER: _____

Must fill out tax exempt form (ST-3) if you want to be set up as tax exempt.

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.

*REQUIRED