



9650 Trail Haven Road, Corcoran, MN 55340
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Application for Cash Account

Company Name: _____

Address: _____

Phone #: _____ (Please list a standard business phone # that all authorized purchasers know.)

Contact Name: _____

Cell #: _____ Years In Business: _____

Email: _____

Must fill out one or the other:

Nursery License # (for Wholesale accounts): _____

Contractor License # (for Contractor accounts): _____

Tax ID #: _____ (Must fill out tax exempt for (ST-3) if you want to be set up as tax exempt)

Driver's License #: _____ (Required if paying by check)

Would you like to receive any of the following:

- Weekly Grove Report Email: ☐ Yes ☐ No • Weekly Product Availability Email: ☐ Yes ☐ No
- Would you like to sign up for our online Customer Portal to access your information online including open orders, invoices, account balances and statements? ☐ Yes ☐ No

Signature of Owner: _____ Date: _____