



## 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: \_\_\_\_\_

**Please 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 our weekly Grove Report Email?  Yes  No

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_