



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: _____

Nursery License #: _____

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: _____