



Wholesale Account Application Form

Please fill out this application and either send it to us via email or bring it with you in-store

BUSINESS INFORMATION

Company Name:

Street Address:

City:

State:

Zip Code:

Primary Contact Name (First & Last):

Phone #:

Email:

Website:

Tax ID:
(please attach a copy)

Resale #:
(please attach a copy)

Primary Type of Business:

- Garden Center
- Landscaping
- Gift Store
- Other *(please specify)* _____

Signature: _____

Date: _____

Print Name: _____

Title: _____