



Customer Information Sheet

Date: _____

Business Name: _____

Business Phone: () _____ Fax: () _____

Contact Person: _____

Principal Buyer: _____

Mailing Address: _____

Physical Address: _____

Type of Business: Wholesale Retail Landscaper Broker Other _____

Terms: Cash Check Credit (Must have prior approved credit application on file)

Persons Authorized to Sign Check

Name Address Driver's License # State

DOB Race Sex Height Weight Eye Color Hair Color

Name Address Driver's License # State

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Name Address Driver's License # State

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