



Customer Setup 2022

Please take a moment to provide us with your Company information

COMPANY INFORMATION

Company Name _____

BILL to Address _____

Master Nsy Garden Center Member? YES ___ NO ___	City: _____	State: _____	Zip: _____
	Phone: () _____	Fax: () _____	

SHIP to Address
(if different than Bill To) _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Vendor's #, if applicable _____ County: _____

ACCOUNTS PAYABLE INFORMATION

A/P Contact - Full Name: _____

Email address _____

Phone number: () _____ Ext. _____ Mobile: () _____

COD Customers: INVOICES will be Emailed to your A/P contact prior to delivery unless specified here: ___ Fax

Please send our A/P Contact an Application for Credit: ___Yes ___No Is PO# required ___Yes ___No

CONTACT INFORMATION

Primary Contact

Full Name: _____

Position / Title _____

Email address _____

Phone number: () _____ Ext. _____ Mobile: () _____

Additional Contact

Full Name: _____

Position / Title _____

Email address _____

Phone number: () _____ Ext. _____ Mobile: () _____

**Below, please list All Additional Contacts to receive our Weekly Availability, including position/title & Email address.
If needed, please list any additional Employees in body of your Email!**

Sign me up for the Weekly Availability List, emailed Thursdays from March-October: ___Yes ___ No

Select the Company Type(s) that best match your business: ___Boutique/Small Retailer ___Farm Market

___Fundraiser ___Garden Center ___Golf Course ___Government ___Horticulture Organization

___Landscape Professional ___Nonprofit ___Public Horticulture ___University/School

***Please note:** You are required to fill out your state Exemption form, and return to us prior to your initial order. **Ohio Sales Tax** will be included on all Ohio orders, unless we have this form on file from you. Send completed forms to sales@millcreekplants.com

Thank you! *Mary B. Coons*, Sales and Customer Service Director