

Customer Setup 2023

Please take a moment to provide us with your Company information

COMPANY INFORMATION

BILL TO Address						
Master Nursery Garden Center Member	City:		State:	Zip:		
YESNO	Phone: ()	<i>Fax</i> : ()		
SHIP TO Address (if different than Bill To)						
	City:		State:	Zip:	County:	
	Phone: ()	<i>Fax</i> : ()		
Vendor's #, if applicable))/ N			
		-	YesN			
	_Garden Cent	erGolf Co	ourseGove	rnmentH	orticulture Organizatio	
A	COUNT	S PAYA	BLE INF	ORMATI	O N	
A/P Contact - Full Name:						
Email address						
Phone number:	()	E	ixt. (Cell: ()		
COD Customers: INVOICES w	ill be Emailed to	o your A/P conta	ct prior to deliver	v unloss specific	ed here · Fax	
			ci prior to deriver	y unless specifie		
Please send our A/P Contact		-				lo
	an Application	for Credit:	Yes <u>No</u>	ls PO# re		lo
Please send our A/P Contact	an Application	for Credit:		ls PO# re		lo
	an Application · CON	for Credit:	Yes <u>No</u> No	ls PO# re	quired Yes N	lo
Please send our A/P Contact Primary Contact	an Application • CON	for Credit:	YesNo	Is PO# re	quiredYesN	0
Please send our A/P Contact Primary Contact Full Name:	an Application	for Credit:	YesNo	ls PO# re	quiredYesN	10
Please send our A/P Contact Primary Contact Full Name: Position / Title	an Application • CON	for Credit:	YesNo	ls PO# re	quiredYesN	0
Please send our A/P Contact Primary Contact Full Name: Position / Title Email address Phone number:	an Application • CON	for Credit:	YesNo NFORMA	Is PO# re TION Cell: ()	quiredYesN	
Please send our A/P Contact Primary Contact Full Name: Position / Title Email address Phone number:	an Application (CON)	for Credit:	YesNo NFORMA ixt. ((emailed on Th	Is PO# re TION Cell: () ursday, March	quiredYesN	
Please send our A/P Contact Primary Contact Full Name: Position / Title Email address Phone number: Sign me up for Additional Contact	an Application	for Credit:	YesNo NFORMA	Is PO# re TION Cell: () ursday, March	quiredYesN	
Please send our A/P Contact Primary Contact Full Name: Position / Title Email address Phone number: Sign me up for Additional Contact Full Name:	an Application (CON () the Weekly A	for Credit:	YesNo NFORMA xt. (emailed on Th	Is PO# re TION	quiredYesN	No
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*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 <u>sales@millcreekplants.com</u>