



Customer Setup 2025

Please take a moment to provide us with your Company information

COMPANY INFORMATION

Company Name _____

BILL TO Address _____

Master Nursery Garden
Center Member?
 YES NO

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

SHIP TO Address _____

(if different than Bill To)

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Fax: () _____

Vendor's #, if applicable _____

Do you have a receiving dock? Yes No

Select the Company Type that best matches your business: Boutique/Small Retailer Farm Market
 Fundraiser Garden Center Golf Course Government Horticulture Organization
 Landscape Professional Nonprofit Public Horticulture University/School

ACCOUNTS PAYABLE INFORMATION

A/P Contact - Full Name: _____

Email address _____

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

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. _____ Cell: () _____

Sign me up for the Weekly Availability List (emailed on Thursday, March-October) Yes No

Additional Contact

Full Name: _____

Position / Title _____

Email address _____

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

Please list Additional Contacts to receive our Weekly Availability, include position/title & email address.

*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