



Customer Profile Update 2026

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: () _____

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

Please send our A/P Contact an Application for Credit: ___Yes ___No 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

Enroll me in Text Communications (newly available, promotions, delivery updates) ___Yes ___No

Additional Contact

Full Name: _____

Position / Title _____

Email address _____

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

Please list Additional Contacts (First, Last, Title, and Email Address) to receive our Weekly Availability.
If needed, list any Employees that are no longer working for your company and we will remove them.