



WHOLESALE ACCOUNT APPLICATION

1313 Blackbird Forest Road – Clayton, Delaware – 19938

OFFICE 302.653.7757

info@FVNursery.com ~ www.FVNURSERY.com

Business Information:

Business Name: _____

Phone: _____ Year Established: _____ Fed EIN: _____

Billing Address: _____

Shipping Address: _____

Accounting/Invoice Contact Name: _____

Accounting Phone: _____ Accounting Email: _____

Type of Business:

Landscaper Gov't Retailer Commercial Installer Other _____

Ownership:

Sole Proprietor Partnership LLC Corp (State) _____

If Corporation, the Registered Agent is: _____

Bank Relationship:

Bank Name: _____ Branch: _____

Contact Name & Phone #: _____

Trade References:

Business Name & Phone #: _____

Business Name & Phone #: _____

Business Name & Phone #: _____



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Information Required for All Owners:

Name: _____ Title: _____

Address: _____

Drivers Lic # & State: _____

Name: _____ Title: _____

Address: _____

Drivers Lic # & State: _____

Name: _____ Title: _____

Address: _____

Drivers Lic # & State: _____

Card On File

Required for check writing privileges. New customers only.

Card Type: _____

Name on Card: _____

Card #: _____

Billing Address: _____

Billing Zip: _____

Expiration (MM/YY): _____

3 or 4 Digit Code: _____