



70294 FIR RD, NILES, MI 49120

PHONE: 269-684-3530 FAX: 269-684-4924

WWW.VARNERSGREENHOUSE.COM

WHOLESALE ACCOUNT APPLICATION

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: _____ FAX: _____

OF YEARS IN BUSINESS: _____ FEIN: _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS & PRIMARY SALES CHANNELS:

BUSINESS TYPE:

☐ CORPORATION

☐ PARTNERSHIP

☐ LLC

☐ INDIVIDUAL/PROPRIETOR

SALES TAX EXEMPT? (Y/N): _____

****ALL BUSINESS ORGANIZATION CLAIMING SALES TAX EXEMPTION MUST SUBMIT A SALES TAX EXEMPTION FORM FOR THEIR RESPECTIVE STATE WITH APPLICATION TO CLAIM THE SALES TAX EXEMPTION & BE COMPLIANT WITH THE STATE LAW.***

PRIMARY CONTACT NAME: _____ TITLE: _____

PHONE: _____ EMAIL: _____

ACCOUNTS PAYABLE CONTACT NAME: _____

PHONE: _____ EMAIL: _____

PAYMENT TERMS:

ALL NEW WHOLESALE ACCOUNTS WILL BEGIN ON A CASH ON DELIVERY (COD) BASIS. AFTER COMPLETING A CREDIT APPLICATION & ESTABLISHING SATISFACTORY PAYMENT HISTORY, ACCOUNTS MAY BE CONSIDERED FOR NET 30 PAYMENT TERMS AT OUR DISCRETION.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____