

Varner's GREENHOUSE & NURSERY

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WHOLESALE ACCOUNT APPLICATION

BUSINESS INFORMATION		
BUSINESS NAME:		
STREET:		
CITY:	STATE:	ZIP CODE:
PHONE:	FAX:	
TYPE: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER:		
YEARS IN BUSINESS:	FEIN:	TAX EXEMPT: (N / Y) ***
CONTACT NAME:		TITLE:
PHONE:		EMAIL:
ACCOUNTS PAYABLE CONTACT NAME:		
PHONE:		EMAIL:
PREFERRED TERMS: <input type="checkbox"/> COD <input type="checkbox"/> NET 30 (REFERENCES REQUIRED & SUBJECT TO APPROVAL)		
REFERENCES		
1. BUSINESS NAME:		2. BUSINESS NAME:
ADDRESS:		ADDRESS:
CONTACT NAME:		CONTACT NAME:
PHONE:		PHONE:
EMAIL:		EMAIL:

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

TITLE: _____

DISCLAIMERS

*** ALL BUSINESS ORGANIZATIONS CLAIMING SALES TAX EXEMPTION MUST SUBMIT A COMPLETED SALES TAX EXEMPTION FORM FOR THEIR RESPECTIVE STATE WITH APPLICATION ***

* SUBMIT FORM(S) IN STORE, BY MAIL, OR EMAIL *

* WHOLESALE ACCOUNTS ARE BASED ON VOLUME AND MAY BE SUBJECT TO REVIEW *

WE APPRECIATE YOUR BUSINESS!