

Reed Perrine

FERTILIZERS & LANDSCAPE SUPPLIES SALES, INC.

NEW CUSTOMER PROFILE

**Please Note: Both sides must be completed in full with copies as noted to process an order & establish a cash account with us.*

Date: _____ Salesperson: _____

Trade Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

***Company Email Address:** _____

Phone Number: () _____ Contact: _____

Fax Number: () _____ Cell Phone Number: () _____

_____ Individual _____ Partnership _____ Corporation

** This information is required to be able to accept payments by check.**

Owner's Name: _____

Driver's License No.: _____ State Issued: _____
*(*include copy)*

Bank Name: _____ Account No.: _____
*(*include copy of business check)*

Resale Tax # _____ Issuing State: _____
*(*Attach copy of completed Resale Tax Exempt Form)*

Description of Business: _____

Pesticide Applicators License #: _____ *(*Attach Copy)*

Current Suppliers: _____

Estimated Annual Purchases: _____

(Continued on Back)

NEW CUSTOMER PROFILE (continued)

Ship-To Address:	Forklift Avail. On Site Yes No
	Need Piggyback: (Additional charge) Yes No
Phone Number:	Have Pallet Jack: Yes No
Cell Number:	Have Loading Dock: Yes No
Contact:	Receiving Hours:

Directions: _____

For Office Use Only	
Account # Assigned: _____	Salesman: _____
Date Approved: _____	

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