



CUSTOMER APPLICATION

This is not an application for credit

Company:

Your Name:

Contact Name:

Owner:

Officers/Partners:

Bill-To Address/City/State/Zip:

Ship-To Address/City/State/Zip:

Business Phone:

Cell:

Fax:

Name/Email1:

Name/Email2:

of Years in Business:

What is your Type of Business?

Individual:

Partnership:

Corp:

Other:

Explain Other:

What are your qualifications to purchase wholesale:

Qualifications:

Taxable?

YES

*NO

Tax or Federal ID#:

*If you are tax-exempt, must include completed tax exempt certificate

Nursery Dealer's Certificate #:

Your Trade References:

Name:

Fax/Email:

Name:

Fax/Email:

Name:

Fax/Email:

HAVE YOU READ AND UNDERSTAND THE STATEMENT OF POLICY? YES

Signature:

Date:

Add'l Info:

Mail/Fax/Email to: Acorn Farms Inc
7679 Worthington Rd, Galena, OH 43021
acornfarms@acornfarms.com PH: 614-891-9348 FX: 614-891-1002