



Great Lakes Landscape Supply

Customer Application

Company Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Is your company tax exempt? Y or N (if yes, attach completed Michigan Sales & Use Tax Certificate of Exemption)

Tax ID # _____

Do you have a Nursery Stock Dealer License? Y or N

If yes, put down your Nursery Stock Dealer License # _____

Contacts/ Anyone allowed to pick up orders, place orders, or be onsite during a delivery.

Name:

Phone:

Email:

Additional Info: _____

Name:

Phone:

Email:

Additional Info: _____

Name

Phone:

Email:

Additional Info: _____

**Please email, fax or mail this completed form along with a copy of your Michigan Nursery Stock Dealer's License.

Signature: _____ Title: _____ Date: _____

Would you like to be added to our email list where we send out product spotlights, and weekly availability?

For Office Use Only
Customer #: _____

Date Submitted: _____
Date Entered: _____

Approved By: _____