



# 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

Date Submitted: \_\_\_\_\_

Customer #: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Approved By: \_\_\_\_\_