

GREAT LAKES LANDSCAPE SUPPLY CUSTOMER APPLICATION FORM



COMPANY INFORMATION

Company Name:

Address:

City:

State:

ZIP:

Phone: :

Fax:

Email:

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? Please read and review our policies on the next couple pages. Sign Below to confirm you have read them