



CUSTOMER INFORMATION FORM

By completing this form, you will be established as a wholesale customer and added to our mailing list. **This is not a credit application.** Please sign the bottom of the page. Thank You.

Company Name _____

Street Address _____ P.O. Box _____

City _____ State _____ Zip Code _____

Business Phone # _____ Fax # _____

Owner(s) _____

Cell Phone # _____ E-mail address _____

Type of business

(Tax Exempt document required **)

- Landscape Construction, Maintenance
- Landscape Architect/ Designer
- Builder/ Home Improvement
- General Construction/ Excavation

- Garden Center/ Florist (**)
- Religious Institution (**)
- Municipality/ School (**)
- Other _____

Please Check box if you *do not* want to receive our emails regarding specials and availabilities.

Terms and Conditions

All sales are final. We make no warranty or guarantee, expressed or implied as to the life, description, quality, productiveness or any other matter on any nursery stock that we sell and will not be in any way responsible for the results secured in transplanting. Acceptance of plant material at the time of purchase is considered acknowledgement of this policy. All terms and conditions of sale are subject to change.

Payment: We accept cash, Master Card, Visa, American Express and Discover. Business checks will be accepted ONLY if a customer information form is completed, company name is imprinted on the front of the check, and a copy of your driver’s license and voided check is on file with us. No third party or post dated checks will be accepted. We reserve the right to not accept a check.

Credit Card Payment: I have read and fully understand the terms and conditions as outlined above. Should I opt to pay by credit card I acknowledge I am bound by these terms of sale in the event that I claim a dispute with my credit card company.

I certify all information provided above to be correct. I fully understand and agree to comply with the terms and conditions on this form.

Signature _____ Print Name _____ Date _____

OFFICE USE ONLY:

New Customer Change in address, phone or name Additional/ Check info.
 _____ Cash or Credit Card _____ Approved for Check Auth. Initials _____ Date _____

**565 North Service Rd., Dix Hills, NY 11746
Phone 631-673-2800 Fax 631-673-2861**