



GREENWORKS NURSERY SALES WHOLESALE APPLICATION

Contact Person: _____

Company: _____

Address: _____

City/State/Zip: _____

Telephone: _____ **Cell Phone:** _____

Fax: _____ **Tax ID#:** _____

Tax Exempt: _____ **Yes** _____ **No** **Tax Exempt #:** _____

Note: Tax Exempt Certificate must be completed in addition to information above.

Signature: _____ **Date:** _____