



Customer Setup 2024

Please take a moment to provide us with your Company information

COMPANY INFORMATION

Company Name _____

BILL TO Address _____

Master Nursery Garden
Center Member?
___YES ___NO

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

SHIP TO Address _____

(if different than Bill To)

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Fax: () _____

Vendor's #, if applicable _____

Do you have a receiving dock? ___Yes ___No

Select the Company Type that best matches your business: ___Boutique/Small Retailer ___Farm Market
___Fundraiser ___Garden Center ___Golf Course ___Government ___Horticulture Organization
___Landscape Professional ___Nonprofit ___Public Horticulture ___University/School

ACCOUNTS PAYABLE INFORMATION

A/P Contact - Full Name: _____

Email address _____

Phone number: () _____ Ext. _____ Cell: () _____

COD Customers: INVOICES will be Emailed to your A/P contact prior to delivery unless specified here: ___ Fax

Please send our A/P Contact an Application for Credit: ___Yes ___No Is PO# required? ___Yes ___No

CONTACT INFORMATION

Primary Contact

Full Name: _____

Position / Title _____

Email address _____

Phone number: () _____ Ext. _____ Cell: () _____

Sign me up for the Weekly Availability List (emailed on Thursday, March-October) ___Yes ___No

Additional Contact

Full Name: _____

Position / Title _____

Email address _____

Phone number: () _____ Ext. _____ Cell: () _____

Please list Additional Contacts to receive our Weekly Availability, include position/title & email address.

*Please note: You are required to fill out your state Exemption form and return to us prior to your initial order. Ohio Sales Tax will be included on all Ohio orders unless we have this form on file from you. Send completed forms to sales@millcreekplants.com