



New Customer Account Application

This information puts a new customer "On File" and allows purchases on a C.O.D. basis immediately. If a charge is more convenient for you, please request a credit application.

Date: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone # Office: _____ Home: _____

Mobile: _____ Fax: _____

E-mail Address: _____

License Type: _____ License #: _____

Date Established: _____

Owner's Name: _____

Social Sec. #: _____ Drivers Lic. #: _____

Corporation: _____ Partnership: _____ Proprietorship: _____

Bank's Name: _____ Branch: _____

Type of Account:

Checking: _____ Savings: _____ Other: _____

(Over Please)

MAIN OFFICE:
10600 Florin Rd.
Sacramento, CA 95830

MAILING:
P.O. Box 6750
Folsom, CA 95763-6750

GROWING GROUNDS:
Bus. 916.423.3157
Fax. 916.681.7336

CONTRACTOR SALES:
Bus. 916.689.8208
Fax. 916.689.8207



Please print names of persons authorized to purchase:

Persons that can make changes to the account:

	YES	NO
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Do you pay sales Tax? _____ Do you have a signed resale card on file? _____

Sellers Permit No: _____

Signature: _____ Title: _____

(Must be signed by owner or officer of the company)

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