



GREENSTREET
G R O W E R S

WHOLESALE CREDIT APPLICATION

Greenstreet Growers, Inc.

P.O. Box 410, Tracys Landing, MD 20779-0410

Phone – 410.867.9500 / Fax – 410.867.6130

Applicant Business Name: _____

Principal Owner Name: _____

Billing Address: _____

Shipping Address: _____

Phone Number: _____ **Fax Number:** _____

Billing Department Contact: _____ **Direct Phone:** _____

Email: _____

Type of Business: _____ **In Business Since:** _____

Federal Tax ID Number: _____ **Sales & Use Tax License Number:** _____

****Please include copy of business Sales & Use Tax License Certificate if applicable****

Are you Tax Exempt: Yes No **Tax Exemption Number:** _____

****If tax exempt, please attach a copy of Certificate of Exemption****

Are P.O. Numbers Required for All Orders? Yes No

Terms Requested: C.O.D. Credit Card / Prepay Net 5 Net 10 Net 30

****If apply for credit-based terms, please fill out page 2****

Requested Credit Amount (If Applicable): _____

Name of Purchaser(s): _____

Circle All Seasonal Plant Material That You Are Interested In:

Mulch & Hardgoods / Houseplants / Plant Rentals / Flowering Plants / Seasonal Annuals / Bedding Annuals

Annual Hanging Baskets / Perennials / Vegetables & Herbs / Chrysanthemums / Poinsettias / Trees & Shrubs

FOR OFFICE USE ONLY

Customer Number:

Terms:

Date Approved:

Customer Level:

Credit Amount:

Credit Check Completed:

