



Trade Account Application

This form is for customer information only and is not an application for credit.

To avoid delays, please fill out application completely.

Date		Federal Tax ID	
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Type of Business

Reseller Account	<input type="checkbox"/> Garden Center	<input type="checkbox"/> Landscaping Related	<input type="checkbox"/> Government
Primary Business Activity			
Company		Phone	
Billing Address		Fax	
City/Town		State	Zip Code
Physical location (if above is a P.O. Box)		Website	
Address			
City/Town		State	Zip Code

Owner Officer Information

Name		Date of Birth	
Home Address			
City/Town		State	Zip Code
Email			
Primary Phone		Cell Phone	

Marketing Contact

Name		Phone	
Email		Fax	

Invoices, finance charges and credit memos will be emailed to the address listed below ↩

Billing Contact

Name		Phone	
Email		Fax	

Wholesale Trade References

Company Name	
Company Name	
Company Name	

List Product Areas of Interest

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Requesting Sales Tax Exemption Yes No

ALL APPLICABLE SALES TAX EXEMPTION FORMS FOR EACH STATE IN WHICH YOUR COMPANY IS EXEMPT MUST BE RECEIVED BEFORE ACCOUNT IS SET UP AS SALES TAX EXEMPT FOR THAT STATE. (ST4 AND CERTIFICATE FROM THE STATE)



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Sign below if you wish to pay by check. Otherwise all payments must be made with cash or credit card.

Corporate/Personal Guarantee of Payment

We (I) the undersigned hereby acknowledge and assume personal responsibility for debts incurred under this account name. All terms and agreements set forth on Cavicchio Greenhouses, Inc. catalogs, sales receipts, packing slips, invoices, and statements will govern all transactions between the parties. Outstanding balances are subject to monthly service charges of 1.5% interest. Customer agrees to pay all cost for collection and reasonable attorney fees. The undersigned hereby submits to the personal jurisdiction of Massachusetts and further agrees that any litigation brought against Cavicchio Greenhouses Inc. must be brought in a Massachusetts State Court. I further agree that unless advised in writing all representatives of my company will be authorized to purchase under this account name.

Corporate/Company Guarantee

Personal Guarantee

Company Name		Signature
Authorized Signature		Print Name
Title		

For Office Use Only PUA Garden Center Landscape Nursery Accounting

Date		Entered By		Date	
Customer			Approved By		
Class			Customer ID		
Credit Application Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tax Exemption Requested	<input type="checkbox"/> Yes	<input type="checkbox"/> No