



# WHOLESALE ONLY: BUYER APPLICATION

LEGAL BUSINESS NAME: \_\_\_\_\_

DATE ESTABLISHED: \_\_\_\_\_ TNLA MEMBER NO. \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS: (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Would you like to receive a weekly email list of available plant material? YES or NO

FINANCIAL GUARANTOR: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ DOB: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

BANK NAME & LOCATION: \_\_\_\_\_

Who referred you to Green Lake Nursery? \_\_\_\_\_

What type of work does your company specialize in? \_\_\_\_\_

Are there any other approved purchases on your account? If so please list below:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

## OTHER WHOLESALE NURSERY AND LANDSCAPE SOURCES

NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ACCOUNTS WITH NO ACTIVITY IN A TWELVE MONTH PERIOD OR ANNUAL PURCHASES UNDER \$2000 WILL BE REMOVED FROM OUR SYSTEM. GREEN LAKE NURSERY HOLDS THE RIGHT TO CANCEL AN ACCOUNT AT ANY TIME FOR ANY REASON. RESPONSIBILITY OF PLANT MATERIAL TRANSFERS TO THE CUSTOMER UPON RECEIPT. RETURNED PLANTS ARE SUBJECT TO A 15% RESTOCKING FEE. PAYMENT IS DUE AT THE TIME OF DELIVERY/PICKUP UNLESS BILLING TERMS HAVE BEEN SET UP WITH THE PAYABLES DEPARTMENT.

\_\_\_\_\_  
INDIVIDUAL/GUARANTOR SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE