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Your Interior Garden Solution

New Customer Information Sheet

Date: _____

Legal name of business: _____

Name under which business operates (if different from above): _____

Resale Tax License or Tax Exempt License #: _____

* You must provide a current copy for us to keep on site. If unable to provide a copy, you will be billed Sales Tax. *

Main Contact: _____ Job Title: _____

Others authorized to purchase on the account: _____

Physical Address: _____ City _____ State _____ Zip Code _____

Billing Address (if different) _____ City _____ State _____ Zip Code _____

Telephone Number: _____ Mobile Number: _____

Email Address: _____

Billing Email (if different): _____

Fax Number: _____

Do you require purchase orders? _____

How do you want to be contacted—Email or Phone? (Circle) Best day / time to contact: _____

Do you want to receive our weekly availabilities? Y / N If yes, by Email or Fax? (Circle)

How did you hear about us? _____

Credit Card Information is required for the first order.

(We accept Visa, Mastercard and Discover.)

CC Number: _____

Exp. Date: ____ / ____ Security Number (CVV): _____ Billing Zip Code: _____

Card Holder Signature: _____

Printed Name: _____

Date Signed: _____

By signing this form, I, _____, owner of _____ agree that the The Plant Ranch may keep this information on file. I also agree if open credit is approved, this card may be used for payment of any invoice that has not been paid within established terms.

Signature _____

Date _____