



Customer Information

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Business Email: _____

Are you Tax-Exempt: Yes ___ No ___ (if YES, sales tax exemption must be on file)

Would you like to receive a weekly availability list: Yes ___ No ___

Delivery Location: (if applicable) _____

Primary Contact Person (First & Last): _____

Email (if different from above): _____

Acc. Receivable Contact: _____

Email: _____

Please return in person, by email: sales@maplelanenursery.net, or fax (518) 758-7645



Purchasing & Tagging Authorization

(PLEASE PRINT NEATLY)

Please fill out this form with as much information as possible.

Maple Lane Nursery is a grower and wholesale nursery selling to those in the trade. To help protect your business, only individuals employed by your company can inquire about material, make purchases, access wholesale pricing, and tag items. Your company will be responsible for all material tagged by those individuals you have authorized on your behalf.

Under **NO** circumstances do we allow your customers to come to the nursery without you or their landscaper to shop for their materials.

Employees authorized to inquire material, purchase items, access pricing, and tag items at Maple Lane:

(Please notify us in the event of a change)

Employee Name:

Contact Number:

Email Address:

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Business Name: _____

Signature: _____

Date: _____

Please return in person, by email: sales@maplelanenursery.com, or fax (518) 758-7645

(Purchasing/Tagging Authorization Updated: ___/___/20___)