



Customer Information

(PLEASE PRINT NEATLY)

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

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Business Email: _____

Taxable for Sale Tax: Yes No (if no, sales tax exemption must be on file)

Delivery Location: (if applicable) _____

Contact Person: (First & Last) _____

Email: _____

Acc. Receivable Contact: _____

Email: _____

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

(Customer Information Updated: ___/___/20___)