



APPLICATION FOR WHOLESALE

*****This is not an application for credit*****

Please mail or fax applications to Green Goods Wholesale Nursery, Inc.
6716 Speedway Blvd., Hardeeville, SC 29927-8212; Phone: (843) 784-5600 Fax: (843) 784-5688

DATE _____

BUSINESS NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (OR P.O. BOX) _____ CITY _____ STATE _____ ZIP _____

FEDERAL I.D. # _____ GENERAL CONTRACTORS LICENSE # _____

EMAIL ADDRESS _____ DATE OF BIRTH _____

TELEPHONE NUMBER _____

FAX NUMBER _____

CELL NUMBER _____

Driver's License # _____

YEAR BUSINESS STARTED _____

PERSON RESPONSIBLE FOR PAYING INVOICE _____ **YES / NO**
P.O.# OR JOB NAME REQUIRED? (CIRCLE ONE)

-There will be a \$25.00 fee for all checks for insufficient funds

AUTHORIZED BUYERS _____

NAME _____

SIGNATURE _____

**Please send in a copy of business license and driver's license.*

**Please provide tax exempt certificate if eligible.*

Tax will be charged until proof of exemption is provided.

**There is a \$25.00 service charge on all returned checks.*