



PINE LAKE
NURSERY

DISCOVER THE DIFFERENCE

Wholesale Customer Set-up Form

Date: _____

Sales Person: _____

Company Name: _____

Contact Person(s): _____

Business Address: _____

Telephone: _____ Cell: _____ Fax: _____

E-mail: _____

Website: _____

Corporate Status: Corporation LLC Sole Proprietor

Florida Occupational License: Yes No

Tax Exempt: (check boxes that apply) No: Yes: Tax Certificate Copy:

Employer ID# (EIN): _____ Years in Business: _____

Person Signing Checks: _____

Driver's License#: _____

Home Address: _____

Checking Account#: _____ (if applicable)

For final approval please submit copies of: Driver's License Occupational License