

Customer Application



Vanroot Growers, Inc.
 11600 Smith Road
 Fort Wayne, IN 46809
 Phone: (260) 747.7389
 Fax: (260) 747.9761

Email: vanessa@vanrootgrowers.com

****For internal use only****

Date &
 Initials

Please fill in all information and fax the completed Customer Application to (260) 747.9761

This form is not an application for terms or credit. Credit applications are available separately on request.

Legal Business or Organization Name							
Bill to Address							
City					State	Zip	
Phone #					Fax #		
Ship to Address (If different than bill to)							
City					State	Zip	
Phone #				Fax #			Website
Employer Identification Number (EIN)		And / Or		Owner's Social Security #		Owner's Name	
<p>NOTE: If you do not have a Federal Employer Identification Number (EIN), please provide 2 proofs of business Such as a: voided business check, business license, state certificate of business registration, membership in a professional association, trade association or chamber of commerce. Additional information may be requested to set up your account. For more information, contact our Customer Service Department.</p>							
First and Last Name		Position		Cell Phone or Contact Number		Email Address	
		Owner					
		Accounts Payable					
		Buyer					
		Other					
Please check if you require a Purchase Order # Or a job name on your orders. <input type="checkbox"/> PO# <input type="checkbox"/> Job Name Checking one will not allow us to release an order without the required PO# or job name.				How did you hear about us? <input type="checkbox"/> Advertisement _____ <input type="checkbox"/> Trade Show _____ <input type="checkbox"/> Referral _____ <input type="checkbox"/> Other _____			
Primary Business							
<input type="checkbox"/> Landscape Contractor		<input type="checkbox"/> Landscape Architect		<input type="checkbox"/> Landscape Designer			
<input type="checkbox"/> Nursery Re-Wholesale		<input type="checkbox"/> Nursery		<input type="checkbox"/> Garden Center		<input type="checkbox"/> Builder/Contractor	
<input type="checkbox"/> Multi-Nursery/Garden Center/Landscape Contractor							
<input type="checkbox"/> Government/Municipality/Park District				<input type="checkbox"/> Other _____			
Please list all green industry professional association Memberships, accreditations, and certifications:							
How will you receive your plants <u>most</u> frequently?				<input type="checkbox"/> I will pick up <input type="checkbox"/> Vanroot will Deliver			
Are you tax exempt?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If you will not be paying tax, please complete a tax exempt form and return it with your completed custom application.			