



Customer Setup 2018

Please take a moment to provide us with your Company information

COMPANY INFORMATION

Company Name _____

BILL TO Address _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

SHIP TO Address (if different) _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Vender's License number, if applicable _____

ACCOUNTS PAYABLE INFORMATION

A/P Contact - Full Name: _____

email address _____

Phone number: () _____ Ext. _____ Mobile: () _____

All INVOICES will be emailed to your A/P contact unless specified here: Fax Mail

Please send our A/P Contact an Application for Credit: Yes No

CONTACT INFORMATION

Primary Contact - Full Name: _____

Position _____

email address _____

Phone number: () _____ Ext. _____ Mobile: () _____

#2 Contact - Full Name: _____

Position _____

email address _____

Phone number: () _____ Ext. _____ Mobile: () _____

#3 Contact - Full Name: _____

Position _____

email address _____

Phone number: () _____ Ext. _____ Mobile: () _____

*Sign me up for the Weekly Availability List, which is emailed each Thursday afternoon/evening from March-October: Yes No Please Fax instead

*Select the Company Type(s) that best match your business: Garden Center Landscape Farm Market
 Boutique/Small Retailer Golf Course Government Public Horticulture University/School
 Plant Sale Horticulture Society Nonprofit

*Please note: You are required to fill out your state's Exemption form, and return to us prior to your initial order. We must charge Ohio Sales Tax on all Ohio orders, unless we have this form on file from you. **Thanks for your time!**

Mary B. Coons, Sales and Customer Service Director

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