

Malloy's Nursery • Monticello, Florida

Customer Information: Help us to keep our records updated and please print clearly.

DATE: _____

E-MAIL: _____

NAME OF BUSINESS: _____

CONTACT PERSON: _____

PRINCIPAL BUYER: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONES:

Business: _____ Fax: _____

Mobile: _____

TYPE OF BUSINESS: W/S _____ LANDSCAPER _____ BROKER _____ OTHER _____

TERMS: C.O.D. _____ CASH _____ CHECK _____

PERSONS AUTHORIZED TO SIGN CHECKS:

1. NAME _____

ADDRESS _____

DL# _____ STATE _____

D.O.B. _____ RACE _____ SEX _____ HT. _____ WT. _____ EYES _____ HAIR _____

2. NAME _____

ADDRESS _____

DL# _____ STATE _____

D.O.B. _____ RACE _____ SEX _____ HT. _____ WT. _____ EYES _____ HAIR _____

(If no Drivers Licence Number please use Social Security Number)

Are you bonded? Yes _____ No _____

Bond # _____

Amount of bond: _____

Bonded with whom: _____

Bond expires: _____

THANK YOU!