



Wholesale Cash Account Application

Today's Date _____

Company Name _____ Date Established _____

Office Address _____

City _____ State _____ Zip _____

Shop Address _____

City _____ State _____ Zip _____

Office Phone # _____ Fax # _____

Main Contact _____ Contact's Email _____

Website _____

DESCRIBE COMPANY:

- | | | |
|--|---|--|
| <input type="checkbox"/> Landscape Contractor (Please include a copy of your Nursery Stock Dealer Certificate if applicable) | <input type="checkbox"/> Property Management | <input type="checkbox"/> School/University |
| <input type="checkbox"/> Garden Center | <input type="checkbox"/> Interior and Exterior Design | <input type="checkbox"/> Golf Course |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Homeowners Association | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Realtor | <input type="checkbox"/> Handyman | <input type="checkbox"/> Church |
| | <input type="checkbox"/> Window & Gutter Cleaning | <input type="checkbox"/> Business |
| | <input type="checkbox"/> Arborist | • Type of Business: |
| | <input type="checkbox"/> Municipality | <input type="checkbox"/> Other: _____ |

Briefly, describe your core business: _____

How many people does your company currently employ? _____ How much do you anticipate spending yearly? _____

Nursery Stock Dealer Certificate (through Dept of Ag): _____ Expiration Date: _____

(Nursery Stock Certificate must be updated yearly.)

Retail Sales Tax Number _____ Federal Tax ID Number _____

PRODUCTS INTERESTED IN PURCHASING:

- | <u>Soft Scapes</u> | <u>Hardscapes</u> | <u>Professional Turf</u> | <u>Seasonal</u> | <u>Misc.</u> |
|---|--|--|--|--|
| <input type="checkbox"/> Plant Material | <input type="checkbox"/> Soils | <input type="checkbox"/> Grass Seed | <input type="checkbox"/> Fall Mums | <input type="checkbox"/> Low Voltage |
| <input type="checkbox"/> Annuals | <input type="checkbox"/> Mulch | <input type="checkbox"/> Fertilizers | <input type="checkbox"/> Fall Annuals | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Tropicals | <input type="checkbox"/> Rock | <input type="checkbox"/> Herbicides | <input type="checkbox"/> Bulbs | <input type="checkbox"/> Tools |
| | <input type="checkbox"/> Boulders | <input type="checkbox"/> Repellents | <input type="checkbox"/> Winter Greens | <input type="checkbox"/> Pond Supplies |
| | <input type="checkbox"/> Pavers | <input type="checkbox"/> Insecticides | <input type="checkbox"/> Poinsettias | |
| | <input type="checkbox"/> Wall Stones | <input type="checkbox"/> Fungicides | <input type="checkbox"/> Ice Melt | |
| | <input type="checkbox"/> Natural Stone | <input type="checkbox"/> Soil | <input type="checkbox"/> Christmas | |
| | | Amendments | Lights | |
| | | <input type="checkbox"/> Erosion Control | | |
| | | Products | | |
| | | <input type="checkbox"/> Arborjet | | |

Gertens Wholesale 5500 Blaine Avenue Inver Grove Heights MN 55076
P: 651-450-0277 F: 651-450-9380 E: wholesale@gertens.com W: gertenswholesale.com

Would you like access to our online ordering system? ☐Yes ☐No
E-mail (required) _____
Would you like to have P.O. #'s or job names on all orders/invoices? ☐Yes ☐No
Would you like to have Invoices/Credits sent to you by e-mail? ☐Yes ☐No
Would you like to have Statements sent to you by e-mail? ☐Yes ☐No

Names of Officers and Principals:

Would you like to receive emailed Invoices/Statements?

Name_____	Title_____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail_____	Cell#_____		
Name_____	Title_____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail_____	Cell#_____		

Other Employees:

Name_____	Title_____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail_____	Cell#_____		
Name_____	Title_____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail_____	Cell#_____		
Name_____	Title_____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail_____	Cell#_____		
Name_____	Title_____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail_____	Cell#_____		
Name_____	Title_____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail_____	Cell#_____		

****Note only the people listed on the account will be allowed to use account. Must show ID when purchasing. Only the above authorized users are allowed to shop in store. Must get approval for additional users to be added to the account. There is a \$500 minimum purchase to open a wholesale account. Accounts that do not exceed \$2,000 yearly minimum may lose discount.****

****Sales tax exemption status requires a completed ST3 form on file****

****Please attach copy of business card****

For Office Use

Account Type (number) _____ Account Code _____

Salesperson _____

Approved By _____ Date _____

Account Number _____

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