

Gerten Greenhouses

It's only natural to buy from the grower!

Fundraiser Account Application

About your group/organization: _____ Application date: _____

Fundraiser Group Name: _____

Primary Contact Person: _____ Phone: _____

Email: _____

Mailing/Billing Address: _____

City _____ State: _____ Zip _____

Phone Number: _____ Fax Number: _____

Is your group/organization tax exempt? Yes No

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

How did you hear about Gertens Fundraising? Referral _____ Web _____ Previous Group _____

Tradeshow _____ Other _____

Names of Persons authorized to use this account:

If you prefer fundraising information (seasonal packets) to be mailed to an address other than the billing address please list below: (Gertens office code M if this part completed)

Contact Person: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

By initializing the box below, I confirm that I have entered my own name as contact person, and that I am authorized to conduct business with Gertens on behalf of my school, church, or organization.

