



APPLICATION FOR GERTENS CASH ACCOUNT

DATE _____

COMPANY NAME _____ DATE STARTED _____

PHONE _____ CELL PHONE _____ FAX _____

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

DESCRIBE COMPANY:

- | | |
|--|--|
| <input type="checkbox"/> LANDSCAPE BUSINESS (PLEASE INCLUDE COPY OF LANDSCAPE LICENSE) | <input type="checkbox"/> NON-PROFIT ORGANIZATION |
| <input type="checkbox"/> BUSINESS | <input type="checkbox"/> CHURCH |
| | <input type="checkbox"/> OTHER: _____ |

Landscape License Number _____

Expiration Date _____

RETAIL SALES TAX NO. _____ FEDERAL TAX NO. _____

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

NAMES OF OFFICERS OR PRINCIPALS:

NAME _____ TITLE _____

NAME _____ TITLE _____

NAMES OF PEOPLE AUTHORIZED TO USE THIS ACCOUNT:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____