



Gertens Wholesale Cash Account Application

Today's Date _____

Company Name _____ Date Started _____

Address _____

City _____ State _____ Zip _____

Office Phone# _____ Fax# _____

DESCRIBE COMPANY:

- Landscape Business (Please include a copy of your Nursery Stock Dealer Certificate) Non-Profit Organization
 Business Church
 Other: _____

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

Expiration Date: _____

Retail Sales Tax Number _____ Federal Tax ID Number _____

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

Names of Officers and Principals:

Name _____ Title _____

E-mail _____ Cell# _____

Name _____ Title _____

E-mail _____ Cell# _____

Names of Approved Employees to use this Account:

Name _____ Email _____ Cell _____

Name _____ Email _____ Cell _____

Name _____ Email _____ Cell _____

Name _____ Email _____ Cell _____

Name _____ Email _____ Cell _____

Name _____ Email _____ Cell _____

Name _____ Email _____ Cell _____