

Fax or mail this completed form to:

American Horticultural Supply, Inc. 2901 Sturgis Road, Oxnard, CA 93030 Fax: 805.988.6007

New Cust	omer
Information	Form

For the purpose of obtaining merchandise on credit, the following statement is made and permission granted to check all references given.

Please note the approval process may take up to 2 or 3 weeks. Credit will not be extended until the process is completed.

You will receive a letter in the mail letting you know when your account is approved.

Company Nar	ne:				
Name of Parer	nt Company (If subsidiary):				
. ,	Partnership () Corporation ()	, .	p Fed Tx ID#		
	etor, provide principals informa	,			
	ame: Title:				
		Title:			
	Title:				
Business Address:					
Phone:	Fax:	E-mail:			
Resale #	How long in busine	ess?	At present location?		
Type of business:		If Contractor, lice		#	
Authorized Buyer(s):					
A/P Contact:	Phone	Phone #			
4/P cut off:	Freigh	Freight terms:			
Purchase Orders?	# Invoi	# Invoice copies needed:			
Your Bank:	Phone:	Phone:		Fax:	
Address:					
Contact person:			Account	#	
Who are you currently buyin	g from on credit terms?				
Name:		Phone:			
Address:					
Name:		Phone:		·	
		Phone: F		:	
Address:					
or American Horticultural Supp	ply to file suit to enforce payment at American Horticultural Supply's	of any charges, appli	icant agrees hereby tha	of California. Should it become necessa at such suit may be brought in the State hall be entitled to all court costs, attorne	
Signature		Date			
Print Name					
Guaranty Agreement					

of us, or I am an officer, or in which an interest exits, I/we will personally guaranty the payment of all credit extended to said corporation.

Date ___

Signature _____