



**PINE LAKE**  
NURSERY

DISCOVER THE DIFFERENCE

## Wholesale Customer Set-up Form

Date: \_\_\_\_\_

Sales Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Corporate Status:  Corporation  LLC  Sole Proprietor

Florida Occupational License:  Yes  No

Tax Exempt: (check boxes that apply) No:  Yes:  Tax Certificate Copy:

Employer ID# (EIN): \_\_\_\_\_ Years in Business: \_\_\_\_\_

Person Signing Checks: \_\_\_\_\_

Driver's License#: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Checking Account#: \_\_\_\_\_ (if applicable)

For final approval please submit copies of:  Driver's License  Occupational License