



# Customer Setup 2019

Please take a moment to provide us with your Company information

## COMPANY INFORMATION

**Company Name** \_\_\_\_\_

**BILL TO Address** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

**SHIP TO Address (if different)** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Vendor's License number, if applicable \_\_\_\_\_

## ACCOUNTS PAYABLE INFORMATION

**A/P Contact - Full Name:** \_\_\_\_\_

Email address \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ Ext. \_\_\_\_\_ Mobile: (    ) \_\_\_\_\_

COD Customers: INVOICES will be Emailed to your A/P contact prior to delivery unless specified here: \_\_\_ Fax  N/A Mail

Please send our A/P Contact an Application for Credit: \_\_\_ Yes \_\_\_ No Is PO# required \_\_\_ Yes \_\_\_ No

## CONTACT INFORMATION

**Primary Contact - Full Name:** \_\_\_\_\_

Position \_\_\_\_\_

Email address \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ Ext. \_\_\_\_\_ Mobile: (    ) \_\_\_\_\_

**#2 Contact - Full Name:** \_\_\_\_\_

Position \_\_\_\_\_

Email address \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ Ext. \_\_\_\_\_ Mobile: (    ) \_\_\_\_\_

**#3 Contact - Full Name:** \_\_\_\_\_

Position \_\_\_\_\_

Email address \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ Ext. \_\_\_\_\_ Mobile: (    ) \_\_\_\_\_

\*Sign me up for the Weekly Availability List, which is Emailed each Thursday afternoon/evening from March-October: \_\_\_ Yes \_\_\_ No \_\_\_ Please Fax instead

\*Select the Company Type(s) that best match your business: \_\_\_ Garden Center \_\_\_ Landscape \_\_\_ Farm Market  
\_\_\_ Boutique/Small Retailer \_\_\_ Golf Course \_\_\_ Government \_\_\_ Public Horticulture \_\_\_ University/School  
\_\_\_ Plant Sale \_\_\_ Horticulture Society \_\_\_ Nonprofit

\*Please note: You are required to fill out your state's Exemption form, and return to us prior to your initial order. We must charge Ohio Sales Tax on all Ohio orders, unless we have this form on file from you. **Thanks for your time!**

**Mary B. Coons, Sales and Customer Service Director**

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