



New Customer Form

Date: _____ Would You Like A Copy of Our Catalog?: _____

Business Name _____

EIN # _____

Mailing Address: _____

City, State: _____

Phone: _____ Fax: _____ Cell: _____

E-mail: _____

Owner: _____
(First name) (Last name)

Type of Business: Landscaper _____ Nursery _____ Garden Center _____ Other _____

How long in Business: _____

Taxable for Sales Tax: yes ___ no ___ If no send sales tax exemption certificate.

Physical Location/Delivery Location: _____

Contact: _____ Phone # _____

Return to: Salesdesk@vanberkumnursery.com

OR Fax to: 603-463-7326

Questions? 603-463-7663

Thank you