



Customer Setup 2021

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

Please send our A/P Contact an Application for Credit: ___Yes ___No Is PO# required ___Yes ___No

CONTACT INFORMATION

Primary Contact - Full Name: _____

Position / Title _____

Email address _____

Phone number: () _____ Ext. _____ Mobile: () _____

Additional Contact - Full Name: _____

Position / Title _____

Email address _____

Phone number: () _____ Ext. _____ Mobile: () _____

Below, please list All Additional Contacts to receive our Weekly Availability, including position/title & Email address.

If needed, please list any additional Employees in body of your Email!

→ Sign me up for the Weekly Availability List, which is Emailed each Thursday from March-October:

___ Yes ___ No

Select the Company Type(s) that best match your business:

- ___ Boutique/Small Retailer ___ Farm Market ___ Fundraiser ___ Garden Center ___ Golf Course ___ Government
- ___ Horticulture Organization ___ Landscape Professional ___ Nonprofit ___ Public Horticulture ___ University/School

*Please note: You are required to fill out your state Exemption form, and return to us prior to your initial order. Ohio Sales Tax will be included on all Ohio orders, unless we have this form on file from you. Send completed forms to sales@millcreekplants.com

Thank you! *Mary B. Coons*, Sales and Customer Service Director