



SANDERS NURSERY & DISTRIBUTION CENTER, INC
27075 East 161st Street South – Broken Arrow, OK 74014
Phone: 918-456-4548 Fax: 918-456-5900

Email contact: kaylaepoe@parkhillplants.com

WHOLESALE CASH ACCOUNT APPLICATION

Office Use Only

Acct#

Date:

Applicant's legal name: _____

Trade Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State _____ Zip _____

Telephone #: _____ 800 # _____

Fax # _____

Customer Email: _____

Federal ID Number: _____ Social Security # _____

Date of Birth: _____ License/Contractor: _____

Driver's License # _____ State _____ ExpDate: _____

Nature of Business: _____

Corporate Structure: _____

State of Incorporation: _____ Month/Year of Incorp _____
Sales Tax Exemption # _____ State _____ Exp Date _____
(MAIL A COPY OF EXEMPTION CERTIFICATE address below)

Authorized Users:

	Name	Title	Contact #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

NOTES THAT YOU WOULD LIKE TO INCLUDE:



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Application Agreement

1. **As a wholesale cash account, payment is due upon receipt.** Customer must provide a current business card and a voided business check to be eligible.
2. We accept cash, check, or the following credit cards; Visa, MasterCard, Discover, and American Express. All checks must include a valid driver's license number and date of birth.
3. **Returned checks will be assessed a \$25.00 fee in addition to customer's bank fees.**
Excessive returned checks will result in accounts being placed on a cash/certified check basis or termination.
4. Applicable sales tax will be charged unless an exemption certificate is on file prior to purchase. Sales tax charged prior to receipt of exemption certificate will not be refunded.
5. All orders for delivery are subject to a delivery fee. Fees are based on mileage.
6. Returns are subject to a **restocking fee of 25%.**
7. Customer agrees to pay any and all collection and/or legal fees resulting from non-payment or NSF checks on account.

Please sign and date:

I HAVE READ AND UNDERSTAND THIS ABOVE AGREEMENT.

Customer Signature: _____

Date: _____

Application check list: (Please provide the following documents to complete your application)
(please print off this application and mail the address below) **Please**
make sure you send the items below with your application:

- _____ Business Card
- _____ Voided business check (real not a copy)
- _____ Driver's License (copy)
- _____ Federal ID Number or Social Security Number
- _____ Sales Tax Exemption Certificate (If available)

MAIL COMPLETED APPLICATION TO:

SANDERS NURSERY

27075 East 161st Street South

Broken Arrow, OK 74014