



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

Email contact: [kaylae@parkhillplants.com](mailto:kaylae@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 161<sup>st</sup> Street South**  
**Broken Arrow, OK 74014**