



**SANDERS NURSERY & DISTRIBUTION CENTER, INC**

Corporate Office: P.O. Box 1836

Tahlequah, OK 74465-1836

Phone: 918-456-4548 Fax: 918-456-5900

Email contact: [Barbara@parkhillplants.com](mailto:Barbara@parkhillplants.com)

**WHOLESALE 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 \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Landscape \_\_\_\_\_ Greenhouse \_\_\_\_\_ Nursery \_\_\_\_\_ Other (Specify) \_\_\_\_\_  
(Check one)

Corporate Structure: \_\_\_\_\_ Corp. \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Other (specify) \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Month/Year of Incorporation \_\_\_\_\_

Sales Tax Exemption # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(INCLUDE COPY OF EXEMPTION)

**Authorized Users:**

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



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Email contact: kaylae@parkhillplants.com

### 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 customers 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.

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

Application check list: (Please provide the following documents to complete your application)

- Business Card
- Voided business check
- Driver's License
- Federal ID Number or Social Security Number
- Sales Tax Exemption Certificate (If available)