



SANDERS NURSERY & DISTRIBUTION CENTER, INC
 20705 East 161st Street South
 Broken Arrow, OK 74014
 Phone: 918-486-1500 Fax: 918-486-3322
 Email contact: ewright@sandersnurseryok.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 #: _____ Social Security # _____

Date of Birth: _____ License/Contractor #: _____

Driver's License # _____ State _____ Expiration Date _____

Nature of Business: _____ Landscape _____ Greenhouse _____ Other (specify) _____
 (check one)

Corporate Structure: _____ Corp. _____ Partnership _____ Proprietorship _____ Other (specify) _____

State of Incorporation: _____ Month/Year of Incorporation _____

Sales Tax Exemption # _____ State _____ Expiration Date _____

(INCLUDED COPY OF EXEMPTION)

Authorized Users:

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



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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 or a copy of a debit card 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 drivers 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. Customers 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 / Copy of Debit Card
- Driver's License
- Federal ID Number or Social Security Number
- Sales Tax Exemption Certificate (if available)