

New Wholesale Customer Cash Account Application



Blue Grass Ltd.
 260130B Writing Creek Crescent
 Rocky View County, AB T4A 0M9
 Ph: 403.226.0468 Fax: 403.226.0713
 bluegrass@telus.net



***ALL FIELDS MUST BE COMPLETED TO QUALIFY FOR A WHOLESALE CASH ACCOUNT**

WHOLESALE CASH ACCOUNT ELIGIBILITY REQUIREMENTS:

- Must present a current proof of business (eg. Business License or GST #)
- Must be in a horticultural, landscape or agricultural related industry (some exceptions apply)
- This account provides your company with wholesale pricing on most products
- There is **NO WARRANTY** on wholesale pricing
- Please see current wholesale catalogue for complete terms and conditions of account

* Signature: _____

* Date: _____

* Witness: _____

Business Type:

<input type="checkbox"/> Landscaper	<input type="checkbox"/> Developer
<input type="checkbox"/> Builder	<input type="checkbox"/> Architect
<input type="checkbox"/> Property Maint.	<input type="checkbox"/> Golf Course
<input type="checkbox"/> Home Builder	<input type="checkbox"/> Snow Removal
<input type="checkbox"/> Other (specify) _____	

PLEASE PRINT LEDGIBLY

* Company Name (Legal & DBA): _____

* Mailing Address: _____

* City: _____ * Province: _____ * Postal Code: _____

* Office Phone: _____ * Fax: _____

* Email: _____

* Owners Name: _____ * Cell Phone: _____

Alternate Contact: _____ Position: _____ Phone: _____

Alternate Contact: _____ Position: _____ Phone: _____

Alternate Contact: _____ Position: _____ Phone: _____

Alternate Contact: _____ Position: _____ Phone: _____

* What type of product (s) will you mainly purchase: _____
 (check all that apply)

<input type="checkbox"/> Sod	<input type="checkbox"/> Trees	<input type="checkbox"/> Shrubs
<input type="checkbox"/> Annuals	<input type="checkbox"/> Perennials	<input type="checkbox"/> Soils
<input type="checkbox"/> Rock	<input type="checkbox"/> Mulch	
<input type="checkbox"/> Other (specify) _____		

* Expected annual purchases (\$ amount): _____

* Expected number of jobs per year: 1-5 6-10 11-20 More than 20

* Date business established: _____

* How many people do you employ: _____

* Business License # or GST # (mandatory): _____

OFFICE USE ONLY

Entered by: _____

Date: _____ Look up Words: _____