



269 South 300 East  
Jerome, Idaho 83338  
800-726-9669  
208-324-1000  
FAX: 208-324-7391  
www.mossgreenhouses.com

**Customer Application**

Legal name: \_\_\_\_\_

DBA: \_\_\_\_\_

Physical Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Check box if Billing is the Same

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Business phone: \_\_\_\_\_

Business fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title : \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preference of Contact: EMAIL  Cell Phone  Text

Second contact: \_\_\_\_\_ Title: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preference of Contact: EMAIL  Cell Phone  Text

Type of Business:  Ag Producer & Schools  Landscaper  Independent Garden Center/Nursery  
 Florist  Property Management  Resort  Grocery/Farm/Hardware Store  Interior Service

Sales tax resale #: \_\_\_\_\_ Contractor License (Landscaper) # \_\_\_\_\_

Nursery/Florist License #: \_\_\_\_\_ (Copy is Required. Please attach)

Year present owner established: \_\_\_\_\_

Does your organization require Purchase Orders?  Yes  No

Hours of Operation: \_\_\_\_\_

Receiving Hours for Delivery: \_\_\_\_\_

Special notes i.e. delivery directions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can your location accommodate a 53' Semi trailer and truck? YES  NO

Owners/Officers (title, addresses, phone): \_\_\_\_\_

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Check one:  Sole Proprietorship       Partnership       Corporation

If Corporation, what type? \_\_\_\_\_

Percent of ownership: \_\_\_\_\_

Additional Details: \_\_\_\_\_

### SUBSTITUTIONS PREFERENCES

Do you accept substitutions on orders for your location? (Please see options below to specify your preference)

Same plant but different color: YES       NO       SOMETIMES

Likes with likes (this will be the closest item we have to what you ordered): YES       NO

Would you like to be contacted on your pull day before 2 pm to go through substitution options?

YES I would like that:       No, I trust you will do a good job:

What is the best way to contact you to accomplish this?

Cell Phone:       Office Line:       Text:       Email

What is that contact info? \_\_\_\_\_

**\*\*Note: This will NOT apply to special orders without direct guidance from you.**

### BILLING AND INVOICES

Bookkeeper/Billing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preference on Receiving Invoices & Statements:

Invoices: Email     Mail     Fax     Delivery Only     **Statements:** Email     Mail     Fax

Invoice Timing:    When Shipped     Weekly Basis     With Statement     Delivery Only

## CREDIT CARD AUTHORIZATION

We require a credit card for all new customers and keep all your information private and confidential. This includes all DROP-SHIP Deliveries. We accept Visa, MasterCard, Discover and American Express for your convenience. Please fill in the information below and fax/scan to email or mail back to us.

**All "Drop-Ship" Deliveries and Job Site deliveries will require a credit card payment.**



Business Name \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Signature \_\_\_\_\_

Please charge all my purchases to this account unless other arrangements have been made.

All information submitted will be held in strictest confidence and will solely be used to qualify applicant and determine line of credit.

Applicant agrees to keep accounts current within the conditions of Moss Greenhouses, Inc., invoice/billing policy and terms. In the event that it becomes necessary to enforce payment, applicant agrees to pay all collection, attorney, and court costs incurred by seller in such action. Applicant further agrees that if a suit is necessary that such suit may be brought in Jerome County, Idaho, only.

The undersigned hereby personally guarantees to pay all indebtedness of liability incurred in the name of the applicant firm without qualification or limitation. This guarantee shall bind the heirs, administrators, executors, successors and assigns of the parties hereto. The undersigned waives notice of default, diligence, resort to security, joinder of debtor, or obligation to proceed first against debtor.

I hereby certify the foregoing to be true to the best of my knowledge.

Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_