



Customer Information Form

Phone (937) 884-5826 Fax (937) 884-7312 or you may email completed forms to: sales@brownsnursery.com

Your assistance in filling out the information below will help us to serve you better.

Business Name _____ No. Years in Business _____

Physical Address _____
_____ No. Years at Current Address _____

Mailing Address _____
(if different) _____

Office Phone _____

Cell (s) _____ Name(s) _____

Fax _____

Email address(es)

General/Office: _____

for Ordering: _____

for Invoicing: _____
A/P Contact Name: _____
Phone: _____

Check One: Corporation _____
Partnership _____
Sole Proprietor _____
LLC _____
Other (Specify) _____

Federal ID Number
or Social Security No. _____

State where
Incorporated _____

Does your Firm have a Nursery License? YES _____ NO _____

*(We require a copy of your Nursery License to be on file with us to receive our Wholesale Pricing.
Include a copy of your certificate with this form.) Need an application? Please ask.

Will your purchases be Sales Tax Exempt? YES _____ NO _____

State Sales Tax Exemption Number: _____ State: _____

(If you are not in Ohio, Ohio allows you to sign its form in order to claim exemption for purchases from Brown's.
Please ask and we will provide you the form if you do not have one.

If you are an Indiana company, we also require Indiana's Sales Tax Exemption form to be on file. All forms must
be filled in completely to be considered valid.)

| Names of Owners/ Corporate Officers | Title | Home Address (Street, City & Zip) | Phone | Social Security Number |
|--|-------|--------------------------------------|-------|---------------------------|
| | | | | |
| | | | | |
| | | | | |

Completed by: _____

Signature/Title

Printed Name

Date