



EVERGREEN NURSERY

VOLUME PRICING APPLICATION

Check one:
 CV CLERK _____
 OC DATE _____
 BV _____

**Please print clearly. If we cannot read your application, we cannot process your account.
Please attach your business card.**

| | | | |
|-----------------------|-------|------------|---------------|
| Business Name | | | |
| Mailing Address | | | |
| City | State | Zip | Email Address |
| Business Phone () | | Fax () | |

| |
|--|
| EXPECTED PURCHASE VOLUME |
| How Much Do You Intend To Purchase In the Next Year: \$ _____ |
| Pricing is based upon the volume of your purchases. Accounts are monitored and adjusted accordingly. |

| |
|--|
| TYPE OF BUSINESS / ORGANIZATION (please check only one) |
| <input type="checkbox"/> Landscape Contractor Lic# _____ Exp date: _____ |
| <input type="checkbox"/> Gardener / Non-Licensed Landscaper |
| <input type="checkbox"/> General Contractor Lic# _____ Exp date: _____ |
| <input type="checkbox"/> Landscape Architect / Designer |
| <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Plant Broker |
| <input type="checkbox"/> Gov't / School / Non-Profit |
| <input type="checkbox"/> Home Owners Association |

Please see reverse to complete application

Revised 07/14

AUTHORIZED PURCHASERS

(Employees Only)

Please list all employees (include yourself) who are authorized to purchase with this account. If an employee is not listed, they will be unable to use the account.

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

Signed _____ Title _____ Date _____

Print Name _____

After your account has been approved, any changes to this account should be sent to us via email to ar@evergreennursery.com.

Revised 07/14