



EVERGREEN NURSERY

COMMERCIAL 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.

Resale Customers must also Complete a Resale Certificate.

TYPE OF BUSINESS / ORGANIZATION (please check only one)

- Licensed Contractor, Type _____, Lic# _____, Exp date: _____
- Gardener / Non-Licensed Landscaper
- Landscape Architect / Designer
- Nursery
- Plant Broker
- Gov't / School / Non-Profit
- Home Owners Association / Apartment Complex
- Golf Course
- Farm / Ranch
- Property Manager
- Real Estate Investor / Developer

Please see reverse to complete application

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. ****Please contact us if you need to make changes.****

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signed _____ Title _____ Date _____

Print Name _____