



Account Authorized Buyers Form
(This is not an application for credit)

Account # _____

Company Name:			Date:
Address:			
P.O. Box	City:	State:	Zip
Owner, Manager, or Partners:			
Contact Name:			
Business Phone:		Fax:	
Alternate Phone:		E-mail:	
Type of Business:		Number of Yrs. in Business:	
Qualifications that make you eligible to purchase wholesale:			
Trade Type: (check one)	Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>
Other: <input type="checkbox"/>	If other please indicate:		
Taxable:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tax or Federal I.D. #:
Nursery Dealer Stock # (required by the state agricultural dept.)			

NAMES OF AUTHORIZED BUYERS FOR THE ABOVE COMPANY:

Name:	Name:
Name:	Name:
Name:	Name:

By signing this form you acknowledge that you understood the attached
wholesale policy and authorize the above buyers!

Signature: _____

Mail or Fax your application to:
OAKLAND NURSERY WHOLESALE
 1156 OAKLAND PARK AVE
 COLUMBUS, OH 43224-3317
 (614) 268-1861 / Fax: (614) 545-4549