



EVERGREEN NURSERY

VOLUME PRICING APPLICATION

Check one:

- CV
- OC
- BV

Please print clearly. If we cannot read your application, we cannot add you to our customer list
Please attach Business card and copy of your Contractor's License

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

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	Business License # _____ City _____ Type of Business (Please check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor Volume Pricing: How much do you intend to purchase in the next 6 months: <input type="checkbox"/> \$10.00-\$1,000 <input type="checkbox"/> \$5,000-\$10,000 <input type="checkbox"/> \$1,000-\$5,000 <input type="checkbox"/> \$10,000 +

Please see reverse to complete application

Revised 06/13

Please list all authorized employees (include yourself) for this account. If an employee is not listed, no discount will be given.

Signed _____ Title _____ Date _____

Print Name _____

After your account has been approved, any changes to this discount account need to be sent to us in writing to ar@evergreennursery.com.

Revised 06/13