



CUSTOMER APPLICATION

600 Mamaroneck Avenue – Harrison – NY 10528
Phone (800) 345-3787 – Main Fax (914) 698-0848
Seed Fax (914) 698-2857–Export Fax (914) 698-2840
Email: info@fredgloeckner.com
Website: www.fredgloeckner.com

Credit Department Use Only

New Acct #: _____
Activation Date: _____
Req'd by: _____

Account information; _____ New Account _____ Update Account _____ **FCG FIELD REPRESENTATIVE**

Business Name:	Ship to Info:
Owner(s) Name(s)	Name
Mailing Address	Ship to Address
Street	Street
City	City
State	State
Zip	Zip
Business Phone:	BUSINESS IS
Business Fax:	GREENHOUSE GROWER
Email:	FIELD GROWER
Residence Phone:	RETAIL
Cell Phone:	GARDEN CENTER
I am in business _____ Years	OTHER

Business is a
Proprietorship Partnership Corporation

Credit Card number is necessary for all new accounts. Credit references are reviewed and then a Credit Line can be established.

Credit Card#:	Fed Tax I.D. or S.S. #:
Exp. Date	Exempt #
Sec Code	Resale #
Billing Name on C/C:	Property is:
Billing Address on C/C:	Owned _____
City	Leased _____
State and Zip	

Shipping Instructions:

Closest Airport _____

Delivery preferences: _____

Do not ship by: _____

Trade References:

Name	Contact person	City / State	Telephone #	Fax #

Bank References:

Name	Contact person	City / State	Telephone #	Fax #

Checking Account #: _____
Checking Account #: _____

AUTHORIZATION TO RELEASE INFORMATION AND TERMS OF SALE
(A copy of this form will be considered a bona fide authorization)

I hereby authorize our references and bank(s) to release any information necessary to assist in establishing a line of credit. Unless otherwise specified, our terms of sale are 2%-10 days, net 30; and, in Gloeckner & Co., Inc., I understand that a 1-1 1/2% per month (18% per year) finance charge may be added to all past due amounts and agree

Date	Print Name	Signature	Title

**** YOU MUST SIGN AND RETURN THIS FORM TO RECEIVE CREDIT TERMS ****
****PLEASE INCLUDE PROOF OF PROPERTY/GENERAL LIABILITY INSURANCE****