



CUSTOMER APPLICATION

Credit Department Use Only

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

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

Account information: New Account Update Account FCG FIELD REP: _____

• Business Name:		• Ship to Info:	
Owner(s) Name(s):		Name:	
Mailing Address:		Ship to Address:	
Street:		Street:	
City:		City:	
State & ZIP #:		State & ZIP #:	
Business Phone:	• BUSINESS is a	<input type="checkbox"/> GREENHOUSE OPERATION	
Business Fax:		(Fill in all that apply) <input type="checkbox"/> NURSERY	
Email:		<input type="checkbox"/> FIELD GROWER	
Residence Phone:		<input type="checkbox"/> RETAIL	
Cell Phone:		<input type="checkbox"/> GARDEN CENTER	
Number of Years in Business:	Years	<input type="checkbox"/> OTHER: _____	
Business is a ... : <input type="checkbox"/> Proprietorship <input type="checkbox"/> L L C <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			

A Credit Card & Number are necessary for all new accounts prior to obtaining a Credit Line.

Credit Card#:	Fed Tax I.D. or S.S. #:
Expiration Date:	Tax Exempt Cert. #:
Security Code:	(Please provide Copy of above)
Billing Name on C/C:	Resale #:
Billing Address on C/C:	
City:	Property is: <input type="checkbox"/> Owned
State & ZIP:	<input type="checkbox"/> Leased

• Shipping Instructions:

Closest Airport: _____

Delivery preferences: _____

Do not ship by: _____

• Trade References *(Note: Credit references are reviewed and then a Credit Line can be established for New Customer)*

Company Name:	Contact Person:	City / State:	Phone #:	Fax #:
(1)				
(2)				
(3)				

• Bank References

Company Name:	Contact Person:	City / State:	Phone #:	Fax #:
(1)				
(2)				

Checking Account # (1): _____ Checking Account # (2): _____

AUTHORIZATION to RELEASE INFORMATION & 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 accordance with the terms set forth by Fred C. Gloeckner & Co., Inc., I understand that a 1 ½% per month (18% per year) finance charge may be added to all past due amounts and agree to pay when due. I certify that the above information is true and correct:

Date:	Print Name:	Signature:	Title:
-------	-------------	------------	--------

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