CUSTOMER APPLICATION (Canada)

550 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: CustomerApp@FredGloeckner.com
Website: www.FredGloeckner.com

Credit Department Use Only

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

Account information: New Account ☐ **Update Account ☐** **Ednie Bulbs ☐** **FCG FIELD REP: _____**

• Business Name:		**• Ship to Info:**	If Same as bill to: ☐
Owner(s) Name(s):		Business Name	
Mailing Address 1:		Ship to Address 1:	
Mailing Address 2:		Ship to Address 2:	
City:		City:	
State & ZIP		State & ZIP	
Business Phone:	Fax:	**• BUSINESS is a ….**	☐ GREENHOUSE OPERATION
Email:		(Fill in all that apply)	☐ NURSERY
Residence Phone:	Cell Phone:		☐ FIELD GROWER
Accounts Payable Contact:			☐ RETAIL
A/P Phone	Email:		☐ GARDEN CENTER
Number of Years in Business:			☐ OTHER:_____

Business is a … : ☐ Proprietorship ☐ L L C ☐ Partnership ☐ Corporation

(A) CREDIT CARD CUSTOMERS: Credit card number required for all orders

Credit Card#:		Fed Tax I.D. - GTS#:	
Expiration Date:		PST Tax I.D. #:	
Security Code:		Resale Cert. #:	**(Provide Copy)**
Billing Name on C/C:		Tax Exempt Cert. #:	**(Provide Copy)**
Billing Address on C/C:			
City:		Property is:	☐ Owned
State & ZIP:			☐ Leased

(B) Trade References ***(Required ONLY if requesting a Credit Line, subject to approval)***

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

• Bank References • Request for Credit - Amount: $ (Subject to Approval)

Bank Name:	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 ****