



**CUSTOMER INFO-FGC NEW ACCOUNT**

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

ACCOUNT INFORMATION \_\_\_\_\_ NEW \_\_\_\_\_ UPDATE

FCG FIELD REPRESENTATIVE \_\_\_\_\_  
 Ship To:

Business Name:

Name:

Owner(s) Name(s)

Street:

Mailing Address/Street:

City

State

Zip

City

State

Zip

How long is Business: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Customer is: Outdoor Field Grower \_\_\_\_\_

Business Fax: \_\_\_\_\_

Wholesaler \_\_\_\_\_ Retail Grower \_\_\_\_\_

Email: \_\_\_\_\_

Retail Florist \_\_\_\_\_ Garden Center \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Greenhouse \_\_\_\_\_ Other \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security #(s): \_\_\_\_\_

Business is:  
 Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_  
 Tax ID \_\_\_\_\_

Shipping Instructions: (Delivery closest airport, by courier, preferred couriers, also indicate couriers we should not use)

Resale # \_\_\_\_\_

Property is: Owned \_\_\_\_\_ Leased \_\_\_\_\_

Trade References:

Name Address City, State, Zip Telephone

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Bank References: (Please include name of individual to contact)

Name Address City, State, Zip Telephone

Bank Officer:

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 accordance with the terms set forth by Fred C. Gloeckner & Co., Inc., I understand that a 1-1 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 INSURANCE\*\*\*\*