

ABC NURSERY, INC. NEW CUSTOMER REGISTRATION FORM
(PLEASE PRINT CLEARLY)

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

TELEPHONE _____ FAX _____

AUTHORIZED BUYER _____ P.O. REQUIRED? YES NO

PLEASE CHECK IF YOU ARE A MEMBER OF: MASTER NURSERY GARDEN CENTERS C.L.C.A.

TYPE OF BUSINESS: (PLEASE CHECK ONE CATEGORY)

WHOLESALE NURSERY RETAIL NURSERY PLANT BROKER

LANDSCAPE CONTRACTOR GENERAL CONTRACTOR OTHER _____

LICENSE NUMBER (REQUIRED) _____

DO YOU WANT YOUR PURCHASE TAXED? YES NO
(IF RESALE CARD IS NOT SIGNED, ALL PURCHASES WILL BE TAXED)

FIRM NAME _____

I HEREBY CERTIFY,

That I hold valid seller's permit No. _____

Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling:

NURSERY STOCK (LIVE PLANTS)

that the tangible personal property described herein which I shall purchase from:

ABC NURSERY, INC. 424 E. GARDENA BL. GARDENA CA, 90248

will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased: NURSERY STOCK (LIVE PLANTS)

Dated _____ Signature _____

at _____ By and Title _____

Phone _____ Address _____

- - - - - Below for Office Use Only (Please Fill in All Appropriate Boxes Below) - - - - -

SALESPERSON# 00 GH KW JR FT CM CS ST OTHER _____

COUNTY OC LA SD VEN RIV SBARB SBERN OTHER _____

CATEGORY LI P1 P2 P3 P4 P5 P6 APPROVED BY _____

SHIP VIA WC OT CC AIR OTHER _____ CUSTOMER # _____ AA _____

424 EAST GARDENA BLVD GARDENA CA 90248 310.327.9212 800.654.8062 FAX 310.327.1608 abcnursery@sbcglobal.net