**Olive’s Tree Farm, Inc.WHOLESALE/CONTRACTOR ACCOUNT APPLICATION**

1908 Holland Road **(allow 2 business days for approval)**

Willow Spring, NC 27592

Ph: 919-552-1304

olivefarmrgmc@aol.com

**BUSINESS INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name | Click or tap here to enter text. | | | | | |
| Company Billing Address | Click or tap here to enter text. | | | | | |
| Company Physical Address | Click or tap here to enter text. | | | | | |
| Phone | Click or tap here to enter text. | | | | | |
| Fax | Click or tap here to enter text. | | | | | |
| Email | Click or tap here to enter text. | | | | | |
| Type of Business | Nursery | Landscaper | | OtherSpecify | | |
| FED I.D. # | Click or tap here to enter text. | | | | | |
| Years in Business | Click or tap here to enter text. | | | | | |
| License # & Type | #Click to enter. | | Landscape Contractor | | Agricultural | Other  Specifiy |

**OWNERSHIP INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | Sole Proprietor | Partnership | LLC | Corp. |
| Owner/Officer Name | Click or tap here to enter text. | | | |
| Phone | Click or tap here to enter text. | | | |
| Email | Click or tap here to enter text. | | | |
| Address | Click or tap here to enter text. | | | |
| Accounts Payable Contact Name & Phone Number | Click or tap here to enter text. | | | |

**Trade Reference:** Click or tap here to enter text.

This is a COD (collect on delivery) Application with Olive’s Tree Farm, Inc. All sales shall be COD unless buyer

establishes credit with the seller. The following applicant certifies that the information given is true and correct.

Name & Title:Click or tap here to enter text.

Signature: ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:Click or tap to enter a date.