



EVERGREEN NURSERY

VOLUME PRICING APPLICATION

Check one:
 CV CLERK _____
 OC DATE _____
 BV _____

**Please print clearly. If we cannot read your application, we cannot process your account.
Please attach your business card.**

Business Name			
Mailing Address			
City	State	Zip	Email Address
Business Phone ()		Fax ()	

EXPECTED PURCHASE VOLUME
How Much Do You Intend To Purchase In the Next Year: \$ _____
Pricing is based upon the volume of your purchases. Accounts are monitored and adjusted accordingly.

TYPE OF BUSINESS / ORGANIZATION (please check only one)
<input type="checkbox"/> Landscape Contractor Lic# _____ Exp date: _____
<input type="checkbox"/> Gardener / Non-Licensed Landscaper
<input type="checkbox"/> General Contractor Lic# _____ Exp date: _____
<input type="checkbox"/> Landscape Architect / Designer
<input type="checkbox"/> Nursery
<input type="checkbox"/> Plant Broker
<input type="checkbox"/> Gov't / School / Non-Profit
<input type="checkbox"/> Home Owners Association

Please see reverse to complete application

Revised 07/14

AUTHORIZED PURCHASERS

(Employees Only)

Please list all employees (**include yourself**) who are authorized to purchase with this account. If an employee is not listed, they will be unable to use the account.

Signed _____ Title _____ Date _____

Print Name _____

After your account has been approved, any changes to this account should be sent to us via email to ar@evergreennursery.com.

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