



**PLANT DETECTIVES**  
PLANT NURSERY & GARDEN CENTER

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**TRADE ACCOUNT APPLICATION**

Date: \_\_\_\_\_

**Company Information:**

Company Name: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_

Company Fax: \_\_\_\_\_

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

Primary Contact: \_\_\_\_\_

- Garden Center
- Landscaping Related
- Government
- Other: \_\_\_\_\_

Primary Business Activity: \_\_\_\_\_

**Billing Contact:**

Name: \_\_\_\_\_

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

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

Requesting Sales Tax Exemption:

- Yes
- No

If yes, please submit all applicable sales tax exemption forms along with this application (ST4 and State Certificate)

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**Purveyors of Fine Nursery Stock**