



New Customer Information

Business Name:

Best Point of Contact:

Physical Address of Business:

Phone:

Email:

Website/Social Media:

Type of Business:

Reseller Tax ID #:

Billing Address:

On-File Credit Card Information:

(This card will not be charged if you provide an alternative payment method such as cash or check. In the event of non-payment after 30 days, this card will be charged for your account balance due. Credit card payments include a 3% processing fee.)

Name as it appears on card:

Card Number:

Exp. Date:

Security Code:

How did you hear about Southern Wholesale Foliage?

What kind of plants/supplies are you most interested in purchasing?

Current Vendor Relationships/References:

1. Name:
Address:
Phone:

2. Name:
Address:
Phone:

3. Name:
Address:
Phone: