



Central Coast Garden Products

ACCOUNT APPLICATION FORM

DATE _____

COMPANY INFO:

Business Name _____ In business since _____

Billing address _____

Physical address (if different from above) _____

Phone # _____ Fax _____

Accounts payable contact _____ Phone _____

Email address _____

Officers or owner(s):

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Organization type: _____ Proprietorship _____ Corporation _____ Federal Tax ID _____

_____ Partnership _____ LLC _____ Sales tax exemption certificate # _____

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