



**CUSTOMER APPLICATION**

550 Mamaroneck Avenue – Harrison – NY 10528  
 Phone (800) 345-3787 – Main Fax (914) 698-0848  
 Seed Fax (914) 698-2857 - Export Fax (914) 698-2840  
 Email: CustomerApp@FredGloeckner.com  
 Website: www.FredGloeckner.com

*Credit Department Use Only*

New Acct #: \_\_\_\_\_  
 Activation Date: \_\_\_\_\_  
 Req'd by: \_\_\_\_\_

Account information: New Account       Update Account       Ednie Bulbs       FCG FIELD REP: \_\_\_\_\_

<b>BUSINESS Address</b> <input type="checkbox"/> COMMERCIAL / <input type="checkbox"/> RESIDENTIAL		<b>• Ship to Info:</b>	Preferred Ship Method:
		If same as bill to: <input type="checkbox"/>	<input type="checkbox"/> FedEx / <input type="checkbox"/> UPS / <input type="checkbox"/> Any-Other
<b>• Business Name:</b>		Business Name	
Owner(s) Name(s):		Ship to Address 1:	
Mailing Address 1:		Ship to Address 2:	
Mailing Address 2:		City:	
City:		State & ZIP	
State & ZIP		<b>• BUSINESS is a ...</b>	<input type="checkbox"/> GREENHOUSE OPERATION
Business Phone:      Fax:		(Fill in all that apply)	<input type="checkbox"/> NURSERY
Email:			<input type="checkbox"/> FIELD GROWER
Residence Phone:      Cell Phone:			<input type="checkbox"/> RETAIL
Accounts Payable Contact:			<input type="checkbox"/> GARDEN CENTER
A/P Phone:      Email:		Years in Business:	<input type="checkbox"/> OTHER: _____
Business is a ...      : <input type="checkbox"/> Proprietorship <input type="checkbox"/> L L C		<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation

*(A) CREDIT CARD CUSTOMERS: Credit card number required for all orders until terms are established.*

Credit Card#:	Fed Tax I.D. - GTS#:
Expiration Date:	PST Tax I.D. #:
Security Code:	Resale Cert. #: <span style="float:right"><b>(Provide Copy)</b></span>
Billing Name on C/C:	Tax Exempt Cert. #: <span style="float:right"><b>(Provide Copy)</b></span>
Billing Address on C/C:	
City:	Property is: <input type="checkbox"/> Owned
State & ZIP:	<input type="checkbox"/> Leased

**(B) Trade References**      *(Required ONLY if requesting a Credit Line, subject to approval)*

Company Name:	Contact Person:	City / State:	Phone #:	Fax #:
(1)				
(2)				
(3)				

**• Bank References**      • Request for Credit - Amount: \$      (Subject to Approval)

Bank Name:	City / State:	Phone #:	Fax #:
(1)			
(2)			
Checking Account # (1):	Checking Account # (2):		

**AUTHORIZATION to RELEASE INFORMATION & TERMS of SALE**

(A copy of this form will be considered a bona fide authorization)

I hereby authorize our references and bank(s) to release any information necessary to assist in establishing a line of credit. Unless otherwise specified, our terms of sale are 2%-10 days, net 30; and, in accordance with the terms set forth by Fred C. Gloeckner & Co., Inc., I understand that a 1 ½% per month (18% per year) finance charge may be added to all past due amounts and agree to pay when due. I certify that the above information is true and correct:

Date:	Print Name:	Signature:	Title:
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\*\*\*\* **YOU MUST SIGN AND RETURN THIS FORM TO RECEIVE CREDIT TERMS** \*\*\*\*  
 \*\*\*\* **PLEASE INCLUDE PROOF of PROPERTY/GENERAL LIABILITY INSURANCE** \*\*\*\*