



CUSTOMER INFO-FCG NEW ACCOUNT

600 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: info@fredgloeckner.com Website: www.fredgloeckner.com

*****Credit Department Use Only*****

New Acct #: _____
 Activation Date: _____

ACCOUNT INFORMATION _____ NEW _____ UPDATE

FCG FIELD REPRESENTATIVE _____
 Ship To: _____

Business Name: _____

Name: _____

Owner(s) Name(s) _____

Street: _____

Mailing Address/Street: _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

How long in Business: _____

Business Phone: _____

Customer is: Outdoor Field Grower _____

Business Fax: _____

Wholesaler _____ Retail Grower _____

Email: _____

Retail Florist _____ Garden Center _____

Residence Phone: _____

Greenhouse _____ Other _____

Cell Phone: _____

Business is:

Social Security #(s): _____

Proprietorship _____ Partnership _____ Corporation _____

Credit Card # is needed for all new accounts as a security measure until Credit refs are received & a Credit line can be established.

Tax ID _____

Credit Card#: _____

Exempt # _____

Exp. Date: _____ Sec. Code: _____

Resale # _____

Billing Address for C/C: _____

Property is: Owned _____ Leased _____

Shipping Instructions: (Delivery closest airport, by courier, preferred couriers, also indicate couriers we should not use)

Trade References: _____

Name	Address	City, State, Zip	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Bank References: (Please include name of individual to contact)

Name	Address	City, State, Zip	Telephone
_____	_____	_____	_____

Bank Officer: _____

Checking Account # _____

AUTHORIZATION TO RELEASE INFORMATION AND 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 1-1 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
_____	_____	_____	_____

****** YOU MUST SIGN AND RETURN THIS FORM TO RECEIVE CREDIT TERMS ******
******PLEASE INCLUDE PROOF OF INSURANCE******