

Customer Number Form

Office Use Only
Date Received:
MT Initials:
Customer #:

				ple Park, IL 60151		Customer #:					
MIDWEST TRADI HORTICULTURAL SUPPLIES A Midwest-Orum Comp		ES, INC.®	Phone (630) 365- Fax (630) 365-383								
					☐ New Custo	mer 🗆 (Customer Change				
comp comp comp	plete, and accompanie pleted this application, pany will be entitled to	ed by a busines we will create purchase under	tor, nursery or garden ss card or letterhead a customer identificat that customer identif r Discover credit cards.	and the appro ion number in ication number	opriate Federal our computer . Payment may	Tax informat system. Only be in the forn	ion. When you have employees from your				
			ms with Midwest Trad ou wish to authorize o		-						
numl	oer, we request a writ	ten notification	each time a purchase	occurs. <i>The pu</i>	rpose of this ap	plication and	these restrictions is to				
		dustry businesse	es receive proper pricin	g, and that uni	dentified individ	duals are not p	ourchasing under your				
comp	any name.										
Com	pany Name										
Billi	ng Address										
City				State		Zip					
Pho	ne #			Fax #							
Email Address		Email Updates? Yes No									
	will you receive you		•								
	Pick up		ost frequently? very (Please include sh	ipping address	below if differe	nt from the no	eted billing address)				
	•		•	ipping address	below if differe	nt from the no	oted billing address)				
	Pick up		•	sipping address	below if differe	nt from the no	oted billing address)				
□ Ship City	Pick up		•		below if differe		oted billing address)				
Ship City Pho	Pick up ☐ Midwes ping Address	st Trading Deliv	•	State	below if differe		oted billing address)				
Ship City Pho	Pick up	st Trading Deliv	•	State Fax #	below if differe						
Ship City Pho Emp or O	Pick up	Iumber (EIN)	•	State Fax #		Zip					
Ship City Pho Emp or O	Pick up Midwes ping Address ne # loyer Identification Note of the security Position Owner Buyer	Iumber (EIN)	•	State Fax #		Zip					
Ship City Pho	Pick up Midwes ping Address ne # loyer Identification Namer's Social Securit Position Owner Buyer Accounts Payable	Iumber (EIN)	•	State Fax #		Zip					
Ship City Pho Emp or O	Pick up Midwes ping Address ne # loyer Identification Note of the security Position Owner Buyer	Iumber (EIN)	•	State Fax #		Zip					
Contacts Con	Pick up Midwes ping Address ne # loyer Identification Note of the security Position Owner Buyer Accounts Payable Other t is your primary bus	lumber (EIN) y Number Name	very (Please include sh	State Fax # Cell Pho	ne/Contact#	Zip Email Add	ress				
Contacts Con	Pick up Midwes ping Address ne # loyer Identification Namer's Social Securit Position Owner Buyer Accounts Payable Other t is your primary busquatics/Ponds	Jumber (EIN) y Number Name	very (Please include sh	State Fax # Cell Pho andscaping	ne/Contact #	Zip Email Addi	ress				
City Phoor O' Empoor O' Storman	Pick up Midwes ping Address ne # loyer Identification Note of the security Position Owner Buyer Accounts Payable Other t is your primary bus	Iumber (EIN) y Number Name siness? Gard	den Center L	State Fax # Cell Pho	ne/Contact#	Email Addi	ress				

Will you be paying tax? □ Yes □ No -- If you will not be paying tax please attach a copy of your Illinois Resale Tax Form, including your Illinois Resale Tax Identification Number.

Are y	you a current	customer o	of Midwest (Groundcove	ers? \square Yes	⊔ No
-------	---------------	------------	--------------	------------	--------------------	------