



# WHOLESALE APPLICATION FORM

*Schilling's Garden Market is pleased to offer wholesale pricing. Please complete the following.*

*Once approved, we will notify you of your discount level.*

## APPLICANT

Business Name: \_\_\_\_\_ EIN: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Business Type: Sole Proprietor \_\_\_ LLC \_\_\_ Corporation \_\_\_ Other \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

LCB # \_\_\_\_\_ CCB # \_\_\_\_\_ APLD # \_\_\_\_\_ NALP # \_\_\_\_\_

Estimated Monthly Purchases:  \$100-500  \$500-1,500  \$1,500-3,000  \$3,000-5,000  \$5,000+

## OWNER(S), PARTNERS, OR OFFICERS

(1) \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(2) \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(3) \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify that all information provided is true and correct to the best of my knowledge.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**APLD (Assoc. of Professional Landscape Designers)**

**NALP (National Association of Landscape Professionals)**

For Office Use Only:
Date Received: _____
CFO Approval: _____