

New Customer Information Form



Pizzo Native Plant Nursery, LLC
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815. 981.8000 Office
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Please fill out this Customer Information Form to set up your wholesale customer account. Thank you!

Company/Organization: _____

Type of Establishment: _____

Billing Address: _____

City, State and Zip Code: _____

Shipping Address (if different from Billing): _____

City, State and Zip Code: _____

Phone Number: _____

Fax Number: _____

Main Contact: _____

Email: _____

Phone Number: _____

Buyer/Purchaser 1: _____

Email: _____

Phone Number: _____

Buyer/Purchaser 2: _____

Email: _____

Phone Number: _____

Tax Exempt # (if applicable): _____

-Please also attach a copy of your state certificate along with

Certificate of Resale # (if applicable): _____

-Please also attach a copy of your CRT-61 _____

-If there is a tax-exempt project/job that tax does not apply to please send us the tax-exempt number at the time of placing the order.

PREFERRED INVOICING METHOD

E-mail (include email and subject line) _____

Hard Copy (include address if different from above) _____

Credit Card Number: _____ Expiration Date: _____ CVC: _____

*This is not a credit application form