

DOTY NURSERIES LLC
P.O. BOX 760
ELBURN, IL 60119
PHONE: 630.365.9063
FAX: 630.365.9081
EMAIL: sales@dotynurseries.com
www.dotynurseries.com



NEW CUSTOMER APPLICATION

- Please fill in all information and fax the completed New Customer Application to 630-365-9081
- This form is not an application for terms or credit. Credit applications are available separately, upon request.

Legal Business
Name _____

Billing
Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax: _____

Physical Address _____

City _____ State _____ Zip Code _____

Website _____ E-mail Address _____

Federal Employer Identification Number (FEIN) _____

Note: If the Federal Employer Identification Number (EIN) is not provided, please enclose a voided business check, plus one additional proof of business (i.e., business license, state certificate of business registration, membership in a professional association, trade association or chamber of commerce). Please call our office for more information or if you have questions.

EMPLOYEES	First and Last Name	Position (president, owner, buyer, designer, etc.)	Phone Number	Email Address

PRIMARY BUSINESS	<input type="checkbox"/> Landscape Contractor <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Landscape Designer <input type="checkbox"/> Nursery Re-Wholesaler <input type="checkbox"/> Builder/Contractor <input type="checkbox"/> Govt./Municipality <input type="checkbox"/> Garden Center <input type="checkbox"/> Other
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How did you hear about us (check one)?

Referred by: _____ Trade Show Drive-by Other _____

Tax-exempt? Yes No If your company is tax-exempt, please include a copy of your state certificate