



APPLICATION FOR A COMMERCIAL ACCOUNT

Please fax completed form to 1-518-751-2999 or email Amanda@bennergardens.com

BUSINESS & CONTACT INFORMATION

Company Name	
Company Contact	
Billing Address: {City/State/Zip Code}	
Phone Number:	
E-mail Address:	
Shipping Address: {City/State/Zip Code}	
EIN/Tax ID Number:	
Type of Business:	
In Business Since: {Month/Year}	

By signing below you agree to the polices set forth on www.BennersGardens.com

Signature:	
Name and Title:	
Date:	

THIS SECTION FOR OFFICE USE ONLY

Account Number:	
Approved By:	
Date:	