



APPLICATION FOR A COMMERCIAL ACCOUNT

Please fax completed form to 1-518-751-2999 or email Janice@bennersgardens.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: | |