



TRIPLE O NURSERY FARMS, INC.

Customer Information and/or Check Writing Application

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE/FAX# _____

ALL INFORMATION BELOW RELATES TO CHECK SIGNER ONLY

PRINT NAME: _____

SIGNATURE: _____

HOME ADDRESS: _____

HOME PHONE: _____

RACE _____ SEX _____ HEIGHT _____

****SEND A COPY OF DRIVERS LICENSE FOR PERSONS SIGNING CHECK****

DRIVERS LICENSE # _____ STATE _____ EXP _____

IF SALES ARE EXEMPT FROM TAX PLEASE SEND A SIGNED AND DATED
DEPARTMENT OF REVENUE ANNUAL RESALE CERTIFICATE.

**14750 S.W. 248 Street ♦ Homestead, FL 33032
T: 305.246.0656 ♦ Toll Free: 800.273.0656 ♦ F: 305.257.2712
Email: sales@we-r-plants.com**