



CUSTOMER APPLICATION FORM

PLEASE RETURN BY EMAIL OR FAX TO:
sales@devilmountainnursery.com or (925) 829-6009

**Once approved, you will receive an email confirmation with your account number*

Company Name _____

Contact Name _____

Contractor License # _____

Business type

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> landscaper/designer | <input type="checkbox"/> maintenance gardener | <input type="checkbox"/> landscape architect | <input type="checkbox"/> general contractor |
| <input type="checkbox"/> home builder/developer | <input type="checkbox"/> retail nursery | <input type="checkbox"/> golf course/country club | <input type="checkbox"/> municipality |
| <input type="checkbox"/> school/university | <input type="checkbox"/> vineyard/winery | <input type="checkbox"/> property management | <input type="checkbox"/> arborist |

Billing Address _____

City, State, ZIP code _____

Phone _____ Fax _____

Email address for plant orders & estimates _____

Email address for invoices & credits _____

Email address for statements _____

*Would you also like to be mailed a paper statement at the end of each month? ☐ yes ☐ no

Are your sales taxable? ☐ yes ☐ no

If no, please provide a signed copy of your resale certificate, or complete the **Resale Certificate Form**

* We will charge tax until we have received your resale license and will not refund tax for purchases done prior to getting your license on file.

Comments _____

Sign and date _____