



3025 US Highway 9, Valatie NY 12184

### Customer Information

Please fill out this form with as much information as possible.

Business Name:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Ship to Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Business Website (URL):

\_\_\_\_\_

Taxable for Sale Tax: Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, sales tax exemption must be on file)

Tax ID #:

\_\_\_\_\_

Do you require PO Numbers? CIRCLE ONE ( Y / N )

Contact Person: (First & Last) \_\_\_\_\_

Email: \_\_\_\_\_

Acc.

Receivable

Contact

Name:

\_\_\_\_\_

Number:

\_\_\_\_\_

Email:

\_\_\_\_\_

Are you interested in a business credit application? CIRCLE ONE ( Y / N )

If yes, please fill out the attached Credit Application (page 2)

If no, you will be COD: Check and/or Credit Card will be charged with a 3% service charge

Please return in person, by email: [sales@maplelanenursery.com](mailto:sales@maplelanenursery.com)

## Purchasing & Tagging Authorization

(PLEASE PRINT NEATLY)

Please fill out this form with as much information as possible.

Maple Lane Nursery is a grower and wholesale nursery selling to those in the trade. To help protect your business, only individuals employed by your company can inquire about material, make purchases, access wholesale pricing, and tag items. Your company will be responsible for all material tagged by those individuals you have authorized on your behalf.

Under **NO** circumstances do we allow your clients to come to the nursery without you or their landscaper to shop for their materials.

**Employees authorized to inquire material, purchase items, access pricing, and tag items at**

**Maple Lane:** (Please notify us in the event of a change)

Employee Name:

Contact Number:

Email Address:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B u s i n e s s**

**N a m e :**

\_\_\_\_\_

**S i g n a t u r e :**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return in person, by email: [sales@maplelanenursery.com](mailto:sales@maplelanenursery.com)**

(Purchasing/Tagging Authorization Updated: \_\_\_/\_\_\_/20\_\_\_)



3025 US 9, Valatie NY 12184  
[www.maplelanenursery.com](http://www.maplelanenursery.com)  
(518) 633-3325

# Business Credit Application

## Name/Address

Last: Initial:	First:	Middle	
Social Security #:			
Address:			
City:	State:	ZIP:	Phone:

## Company Information

Name of Business: Business Since:	Type of Business:	In	
Legal Form Under Which Business Operates:	Corporation 	Partnership 	Proprietorship 
Federal ID # (if incorporated):	Tax Exempt #	Resale Permit#:	
(ATTACH COPY OF TAX EXEMPTION OR RESALE CERTIFICATE TO APPLICATION)			
Estimated monthly purchase volume from Maple Lane Nursery:		\$	

## Bank References

Bank Name/Address:	Phone Number:
Checking Account #:	

Signature

Date

# CREDIT CARD AUTHORIZATION FORM

Please Complete All Fields

## BILLING INFORMATION

Address:

City:

State:

Zip:

Phone Number:

Email:

## CREDIT CARD INFORMATION

MASTERCARD

VISA

DISCOVER

AMERICAN  
EXPRESS

OTHER

CARDHOLDER NAME

CARD NUMBER

EXPIRATION DATE

SECURITY CODE

BILLING ZIP

**REMINDER:** *There is a 3% Service Fee on any orders over \$1500.00*

I, \_\_\_\_\_, authorize **Maple Lane Nursery** to use my credit card above or agreed upon purchases. I certify that I am an authorized user of this credit card and I will not dispute the payment with my credit card company; so long as the transaction corresponds to the term indicated in this form.

Customer Signature

Date