



a division of Skagit Horticulture

New Customer Form

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone # _____

Contact: _____

Shipping Address (if different) _____

City, State, Zip: _____

Type of Business: _____

Resale Tax Number: (enclose a copy) _____

Are you sales tax exempt? _____

Accounts Payable Contact: _____

Email account for Invoicing: _____