



WaterScapes Aquatic Plant Nursery

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SEFFNER, FL 33583-1827
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CUSTOMER INFORMATION SHEET

BUSINESS NAME: _____

BILLING ADDRESS: _____

CITY & STATE: _____ ZIP: _____

SHIPPING ADDRESS: _____

CITY & STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

PREFERRED SHIPPING METHOD:

AIRPORT – PREFERRED AIRPORT _____

DOOR TO DOOR – ☐ FEDEX ☐ USPS

RESALE (Tax ID #) _____ (Please include a copy of your present tax-exempt certificate)

AUTHORIZED BUYER(S): _____

HOW DID YOU HEAR ABOUT US? Magazine Ad: _____ Internet: _____

Referral: (Please list by whom) _____ Other: _____

TYPE OF BUSINESS: ☐ DISTRIBUTOR ☐ PET SHOP ☐ GARDEN CENTER

DAYS & HOURS OF OPERATION: _____

WHAT TYPE OF PLANTS DO YOU CARRY: ☐ AQUARIUM ☐ POND

WOULD YOU LIKE SPECIALS & AVAILABILITY SENT TO YOU? ☐ FAX ☐ E-MAIL

IF THE PLANT SIZE IS NOT AVAILABLE, MAY WE SUBSTITUTE WITH A DIFFERENT SIZE?

☐ PLEASE DO NOT SUBSTITUTE

☐ OK TO SUB SIZE OR PLANT