WaterScapes Aquatic Plant Nursery



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CUSTOMER INFORMATION SHEET

BUSINESS NAME			
	SS:		
CITY & STATE:			_ZIP:
	ESS:		
CITY & STATE:			_ZIP:
PHONE:	FAX:	EMAIL:	
PREFERRED SHI			
AIRPORT -	PREFFERED AIRPORT		
	000R - 🔿 FEDEX		
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RESALE (Tax ID #)	(Please include a	copy of your present tax-exempt certificate)
AUTHORIZED BU	YER(S):		
HOW DID YOU HE	AR ABOUT US? Internet:	Referral:	
Other:			
TYPE OF BUSINE			O GARDEN CENTER
	OF OPERATION:	$\mathbf{\bullet}$	
WHAT TYPE OF P	LANTS DO YOU CARRY:		
	TO RECEIVE EMAILS F	0	U
∩ YES			
	URRENTLY BUYING FRO ING SUPPLIERS?		