



Customer Information Form

Please print or type. Please complete all sections

9500 SE 327th Ave. | P.O. Box 189 | Boring, OR 97009 | 503-663-4128 | fax 503-663-2121 | www.jfschmidt.com
customerservice@jfschmidt.com

Business Information

Business Name: _____ Company Phone (____) _____ Fax (____) _____

Billing Address: _____

City: _____ State: ____ Zip/Postal Code: _____ Country: _____

A/P Contact: First: _____ Last: _____

Email: _____ Phone (____) _____

Payment Type: Cash in Advance Apply for Credit
 Bill to buyers group? Which one: _____

Primary Buyer: First: _____ Last: _____

Email: _____ Phone (____) _____

Primary Shipping Contact: First: _____ Last: _____

Email: _____ Phone (____) _____

Primary Shipping Address: _____

City: _____ State: ____ Zip/Postal Code: _____ Country: _____

Alternate Shipping Address: _____

Type of Business: Grower Wholesale Nursery Retail Nursery Other _____

Marketing: Add to Email list Mailings (brochures, other info) Catalog

Please provide any additional information (*More contacts, special notes, etc.*) **on a separate sheet.**

Resale Certificate: Sales Tax Exemption Certificate

State of:	_____	Firm Name	_____
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I hereby certify that I hold a valid **SELLERS PERMIT** (# _____) issued pursuant to the Sales and Use Tax laws; that I am in the business of selling **NURSERY STOCK, Plants & Trees**. Which I shall purchase from: **J. Frank Schmidt & Son Co.** to be resold by me. In the event that such tangible property is used for any purpose other than retention, display, demonstration while holding it for sale in the regular course of business, it is understood that I may be required by this state to report and pay tax, measured by the purchase price.

Dated: _____ Name: _____ Signature: _____

at _____ Title _____
City, State

Phone: _____ Address _____

Please attach a copy of your Exemption Certificate
Incomplete forms may delay account setup