

Bradshaw's Nursery Inc.

281-331-6151

P.O. 1267

fax 281-331-9966

Alvin, TX 77512-1267

www.bradshawnsnursery.com

## NEW CUSTOMER INFORMATION

WE REQUIRE ALL CUSTOMERS TO COMPLETE

Customer Name \_\_\_\_\_ Tax ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Corp. \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_

Owner Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Established \_\_\_\_\_

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Account Number \_\_\_\_\_

### Supplier References

Name and phone \_\_\_\_\_

Name and phone \_\_\_\_\_

Name and phone \_\_\_\_\_

Person Responsible for Payment \_\_\_\_\_

TDL Number \_\_\_\_\_ SS. Number \_\_\_\_\_

I Agree all information is true and correct. Signature \_\_\_\_\_ Date \_\_\_\_\_