



MORRIS WHOLESAL
NURSERY

Date: _____

NEW CUSTOMER REGISTRATION FORM

(PLEASE PRINT CLEARLY)

OWNERS NAME _____
BUSINESS NAME _____
BUSINESS ADDRESS _____
CITY _____ ZIP _____
MAILING ADDRESS _____
CITY _____ ZIP _____
E-MAIL ADDRESS _____
TELEPHONE _____ FAX _____
AUTHORIZED BUYER _____ P.O. REQUIRED [] YES [] NO
CELL PHONE # _____

TYPE OF BUSINESS: (PLEASE CHECK ONE CATEGORY)
[] WHOLESALE NURSERY [] RETAIL NURSERY [] PLANT BROKER
[] LANDSCAPE CONTRACTOR [] GENERAL CONTRACTOR [] OTHER _____
LICENSE NUMBER (REQUIRED) _____

DO YOU HAVE A RESALE NUMBER? [] YES [] NO
(IF RESALE CARD IS NOT SIGNED, ALL PURCHASES WILL BE TAXED)

FIRM NAME _____
I HEREBY CERTIFY,
That I hold valid seller's permit No. _____
Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling:
NURSERY STOCK (LIVE PLANTS)
that the tangible personal property described herein which I shall purchase from:
MORRIS WHOLESAL NURSERY 1909 PATTERSON Rd. RIVERBANK, CA. 95367
will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any
such property is used for any purpose other than retention, demonstration, or display while holding it for sale
in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report
and pay for tax, measured by the purchase price of such property.
Description of property to be purchased: NURSERY STOCK (LIVE PLANTS)
Dated _____ Signature _____
at _____ By and Title _____
Phone _____ Address _____

-----Below for Office Use Only (Please Fill in All Appropriate Boxes Below)-----
Salesman # [] MOR [] HEI [] HER [] OTHER _____
County [] MER [] TOU [] CAL [] STA [] SJO [] OTHER _____
Area [] 1 [] 2 [] 3 APPROVED BY _____
CUSTOMER ID _____