

Mailing: PO Box 288, Aroma Park, IL I Shipping: 4481 S 3250E Rd, Saint Anne, IL 60964 Phone: 800-344-7697 I Email: <u>sales@kankakeenursery.com</u>

## **New Customer Form** (We Require First Pickup/Delivery to be COD)

Company name: Click or tap here to enter text.

Billing address: Click or tap here to enter text.

**City:** Click or tap here to enter text. **State/Province:** Click or tap here to enter text. **Zip:** Click or tap here to enter text.

Check here if shipping address is same as Billing address:  $\Box$ 

Shipping address (if different than Billing): Click or tap here to enter txt. City: Click or tap here to enter text. State/Province: Click or tap here to enter text. Zip: Click or tap here to enter text.

**Office Phone:** Click or tap here to enter text. **Primary Contact Name:** Click or tap here to enter text.

Primary Contact Email: Click or tap here to enter text.

Primary Contact Office Phone: Click or tap here to enter text.

Primary Contact Mobile: Click or tap here to enter text.

**Payment (**Choose **ONE**): **COD**  $\Box$  **Credit Card Only**  $\Box$  **Send Me a Credit App**  $\Box$ 

Primary type of business (check ONE that most accurately describes your business):

Re-Wholesale 
Retail/Garden Center 
Commercial Landscaper

**Residential Landscaper** 
Municipality 
Grower 
Other