

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