



Guthrie Greenhouses is a WHOLESALE Grower serving Oklahoma and surrounding states.

Requirements to Purchase:

Complete our Customer Information Request form

- include copy of your ODAFF Nursery Dealers Permit or Landscape Permit
- include copy of your Oklahoma Sales Tax License (if applicable) or Sales Tax Number (out of state customers)

You will be charged the applicable sales tax if you do not hold a current Oklahoma Sales Tax License

Once your forms are received, we will add you to our weekly email sharing our current availability list. Please contact us to place your first order (allow no less than two days notice).

Delivery Information and Requirements:

Spring: minimum order of 1 rack, mixed of all sizes we grow, shipping late February through May

Fall: minimum order totaling \$500 or more, shipping seasons September and October.

****Some delivery areas may require a larger minimum order**

We must receive your order at least two days prior to your delivery date.

Oklahoma Delivery Rates: \$20/first rack, \$10 each additional rack

Out-Of-State Delivery Rates: \$25/first rack, \$10 each additional rack

Racks are to be unloaded immediately upon delivery. We do not leave racks, our drivers are happy to assist in unloading.

Please contact any of our sales associates to place your order or with any questions you may have.

maryjane@guthriegreenhouses.com

becky@guthriegreenhouses.com

kelly@guthriegreenhouses.com

View and/or order from our current availability list anytime at www.guthriegreenhouses.com/availability

View our plant library at www.reddirtplants.com/plant-library



Customer Information Request Form
1101 N Walnut Street / P.O. Box 1399
Guthrie, OK 73044

Telephone: (405) 282-1610
Toll Free: (800) 749-4301
Fax: (405) 282-2285
maryjane@guthriegreenhouses.com

Name of Business: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Check if same as Mailing:

Shipping Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Business Email : _____ Business Hours: _____

Owner Name: _____

*Owner Driver License Number or Social Security Number: _____

(*We only need if paying by Check)

Contact Phone Number if Different than Business #: _____

Owner Email if Different than Business Email: _____

Check if same as Above :

Buyers Name: _____ Phone: _____

Email: _____ Fax: _____

Check if same as Owner :

Accounts Payable: _____ Phone: _____

Email: _____ Fax: _____

Federal ID #: _____

Nursery Dealer Permit or Landscape Permit #: _____

*Please include COPY of Nursery Dealer Permit

*State Sales Tax Permit # _____ Expires: _____

*Please Include COPY of Sales Tax Permit

No Permit: Check Please Sales Tax will be added to your order.

I/We herby certify that the information contained herin is correct. Customer acknowledges that in the event of non/payment including returned checks account can be assigned for collection. In the event that your account must be placed in the hands of an attorney, you will be responsible to pay all suit fees. Any claims for shortages, quality or shipping problems must be filed within 48 hours of delivery.

Signature: _____

Date: _____