



3/12/2023

Sales Person JI
Date _____

Code _____

WESTERN TREE NURSERY, INC.

916.212.1489

Customer Application Form - John Inglett salesperson

Attention: In order for you to be able to pay with a check, we will need to have a copy of your drivers license on file.

Please Fill-in the Application and Email, Fax or Mail:

Company name: _____

Owners name(s): _____

Buyers Email: _____

Business address: _____

City: _____ State: _____ Zip: _____

County of your business: _____

* Home address: _____

City: _____ State: _____ Zip: _____

** Yard Location: _____

City: _____ State: _____

Business phone: _____ Owner's Cell #: _____

Fax number: _____ Email - Office: _____

Buyer's Cell # _____

Resale number: _____

(Please attach a copy of resale certificate)

License number (C-27, NV-C10 or other license): _____

Customer signature: _____ Date: _____

Printed name: _____

For John Inglett