



CUSTOMER APPLICATION
550 Mamaroneck Avenue – Harrison – NY 10528
Phone (800) 345-3787 – Main Fax (914) 698-0848
 Seed Fax (914) 698-2857 - Export Fax (914) 698-2840
 Email: CustomerApp@FredGloeckner.com
 Website: www.FredGloeckner.com

Credit Department Use Only

New Acct #: _____
 Activation Date: _____
 Req'd by: _____

Account information: New Account

Update Account

Ednie Bulbs

FCG FIELD REP:

• Business Name:		• Ship to Info:		Check if Same as bill to: <input type="checkbox"/>
Owner(s) Name(s):		Business Name		
Mailing Address 1:		Ship to Address 1:		
Mailing Address 2:		Ship to Address 2:		
City:		City:		
State & ZIP		State & ZIP		
Business Phone:	Fax:	• BUSINESS is a (Check all that apply)	<input type="checkbox"/> GREENHOUSE OPERATION	
Email:			<input type="checkbox"/> NURSERY <input type="checkbox"/> CUT FLOWER	
Residence Phone:	Cell Phone:		<input type="checkbox"/> FIELD GROWER <input type="checkbox"/> TUNNEL	
Accounts Payable Contact:			<input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE	
A/P Phone	Email:		<input type="checkbox"/> GARDEN CENTER	
Number of Years in Business:			<input type="checkbox"/> OTHER: _____	
Business is a :		<input type="checkbox"/> Proprietorship <input type="checkbox"/> L L C <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		

(A) CREDIT CARD CUSTOMERS: Credit card number required for all orders Remember to sign and date at bottom of page.

Credit Card#:	Fed Tax I.D. or S.S. #:
Expiration Date:	Resale Cert. #: (Provide Copy)
Security Code:	Tax Exempt Cert. #: if applicable (Provide Copy)
Billing Name on C/C:	
Billing Address on C/C:	
City:	Property is: <input type="checkbox"/> Owned
State & ZIP:	<input type="checkbox"/> Leased

(B) Trade References (Required ONLY if requesting a Credit Line, subject to approval.)

Company Name:	Contact Person:	City / State:	Phone #:	Fax #:
(1)				
(2)				
(3)				

• Bank References

• Request for Credit - Amount: \$

(Subject to Approval)

Bank Name:	City / State:	Phone #:	Fax #:
(1)			
(2)			

Checking Account # (1):

Checking Account # (2):

AUTHORIZATION to RELEASE INFORMATION & TERMS of SALE

(A copy of this form will be considered a bona fide authorization)

I hereby authorize our references and bank(s) to release any information necessary to assist in establishing a line of credit. Unless otherwise specified, our terms of sale are 2%-10 days, net 30; and, in accordance with the terms set forth by Fred C. Gloeckner & Co., Inc., I understand that a 1 ½% per month (18% per year) finance charge may be added to all past due amounts and agree to pay when due. I certify that the above information is true and correct:

Date:	Print Name:	Signature:	Title:
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**** YOU MUST SIGN AND RETURN THIS FORM TO RECEIVE CREDIT TERMS ****
 **** PROOF of PROPERTY/GENERAL LIABILITY INSURANCE REQUIRED TO RECEIVE CREDIT TERMS ****