



**ONLINE 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**       **FCG FIELD REP:** \_\_\_\_\_

<b>(A) BUSINESS Address</b> <input type="checkbox"/> COMMERCIAL / <input type="checkbox"/> RESIDENTIAL		<b>• Ship to Info:</b>	Preferred:
		If same as bill to: <input type="checkbox"/>	<input type="checkbox"/> FedEx / <input type="checkbox"/> UPS / <input type="checkbox"/> Any Other
<b>• Business Name:</b>		Business Name	
Owner(s) Name(s):		Ship to Address 1:	
Mailing Address 1:		Ship to Address 2:	
Mailing Address 2:		City:	
City:		State & ZIP	
State & ZIP		<b>• BUSINESS is a ...</b>	<input type="checkbox"/> GREENHOUSE OPERATION
Business Phone:                      Fax:		(Fill in all that apply)	<input type="checkbox"/> NURSERY
Email:			<input type="checkbox"/> FIELD GROWER
Residence Phone:                      Cell Phone:			<input type="checkbox"/> RETAIL
Accounts Payable Contact:			<input type="checkbox"/> GARDEN CENTER
A/P Phone:                      Email:		Years in Business:	<input type="checkbox"/> OTHER: _____
Business is a ...		<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> Proprietorship <input type="checkbox"/> L L C			
Resale Cert. #:		<b>(Provide Copy)</b>	Fed Tax I.D. or S.S. #:
Tax Exempt Cert. #:		<b>(Provide Copy)</b>	Property is: <input type="checkbox"/> Owned <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):	

**NOTE:** • We encourage you to establish a commercial account.  
 • For the first order, please contact the Credit Department (1-800-698-0848) for payment arrangements, thank you.

**AUTHORIZATION to RELEASE INFORMATION, TERMS of SALE & PLEDGE to PAY**  
 (A copy of this form will be considered a bona fide authorization)

The undersigned does jointly and severally pledge to and be responsible for payment of all Sums, Balances and Accounts due to the Seller, including Collection Costs, Attorney Fees and Court Costs.

I hereby agree to terms & conditions; I 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** \*\*\*\*  
 \*\*\*\* **PLEASE INCLUDE PROOF of PROPERTY/GENERAL LIABILITY INSURANCE** \*\*\*\*