



Hood's Gardens Customer Application

Please print, complete form and fax to 317-776-2432

Company Name:				
Street Address:		City:	State:	Zip:
Company email address:		Company phone number:	Fax Number:	
Type of Business:	<input type="checkbox"/> Landscaper	<input type="checkbox"/> Garden Center	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Government Entity		
Federal ID Number:		Do you pay sales tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indiana Retail Merchants Number:	
Trade References:				
Name:	Address:	E-Mail Address:		
Phone Number:	Fax Number:			
Name:	Address:	E-Mail Address:		
Phone Number:	Fax Number:			
Name:	Address:	E-Mail Address:		
Phone Number:	Fax Number:			