Wholesale Account Application

Business Name:_____

Business Owner Name(s):_____

_____

Type of Business: Corporation _____ LLC _____ Sole Proprietorship _____ Partnership _____

Billing Address: _____

Physical Address (If different):_____

Phone #: _____ Email: _____

Proof of Business (Must provide Tax ID # and one other)

Business Card Tax ID # _____ Copy of Voided Business Check

Authroized Persons on this account:

Name	Title	Phone Number

(If more than space allows, attach list of authorized users)

What service does your business offer?

_____

_____

What Valley Irrigation Products are applicable to your business?

_____

_____

The undersigned agrees to pay upon receipt for product at wholesale price. **This application does not constitute a charge account.** Valley Irrigation Inc./Valley Landscape Supply reserves the right to change wholesale pricing at any time. Wholesale accounts are to be used by persons in the employment of business listed on application. Wholesale account status may be revoked at any time.

Signature/Title: _____ Date:_____

OFFICE USE ONLY:

Reviewed by:

Admin: _____ Date:_____

Approve / Deny

By: _____ Date:_____

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