## Cicconi Farms, Inc.

"The Perennial Specialists"
1005 Farmingdale Road
Jackson, NJ 08527

Tel: 732-363-1420 Fax: 732-905-9242 Email: CicconiFarmsNJ@aol.com

## WHOLESALE ACCOUNT APPLICATION

Business Name:					
Business Address:	(street)				
-	(town/city)			(zip)	
Owners Name:		_ Other Contac	t Names:		
Business Phone:	Fax:		Cell:		
Email Address:		Website:			
Check one: () S	ole Proprietor () P	artnership (_	)Corporation	() LLC	
<b>Business or Contac</b>	tor's License #		_		
Years in Business:			_		
Sales Tax # (if appl	icable)		_		
Attach two of the fo ** Voided Business ** Letterhead/Business ** Nursery Certification ** Proof of Business ** Business Creditation	Check ness ID ate s - Physical Location and/o	or Website			
Completed by (prin	t name):				
Signature:	Date:				

Note: We reserve the right to decline wholesale pricing if criteria does not meet wholesale guidelines. Minimum \$2,500.00 opening order required for new accounts unless prior arrangements have been made. Garden Centers/ Landscapers/Architects must be present and purchase directly from us. No third-party purchases permitted.