



CUSTOMER REGISTRATION

For Office Use Only	Date Submitted: _____
Customer #: _____	Date Entered: _____
Registration accepted by: _____	
Revised 7/26/17	

Company Information

Company Name: _____

Legal Name If Different: _____

Address: _____

City _____ State: _____ Zip: _____

Is your company sales tax exempt?: N Y (If yes, attach completed Michigan Sales & Use Tax Certificate of Exemption)

Owners/Officers:

Ownership: Individual Partnership Corporation LLC

President: _____ Treas/Sec: _____

Address: _____ Address: _____

City: _____ City: _____

Driver's License #: _____ Driver's License #: _____

Phone: _____ Phone: _____

Contacts:

Primary Office Contact: _____ Email: _____

Office Phone: _____ Mobile Phone: _____

Office Fax: _____ Website: _____

Primary Buyer: _____ Email: _____

Office Phone: _____ Mobile Phone: _____

Tell us a little about your business:

Which one best describes your business? Landscape Maintenance Garden Center Municipality
 School Golf Course Architect/Designer Other: _____

Year your company was formed: _____ Approximate number of employees: _____

Please indicate what % of your business is made up in selling:
 _____ % Residential _____ % Commercial _____ % Municipal

Please indicate what % of your business is made up in selling:
 _____ % Plant material _____ % Hardscape _____ % Pond _____ % Lighting _____ % Bulk material

Terms and Conditions:

1. Registration with Christensen's authorizes us to communicate with your company by fax, email, or telephone.
2. Our acceptance of this registration allows your company to purchase by cash, check, or credit card.
3. No guarantee is expressed or implied, other than that plant material is true to name, disease-free, and healthy at time of sale.

Please email (print as a PDF), fax or mail this completed form along with a copy of your Michigan Nursery Dealer's License.

Signature

Title

Date