Galema's Greenhouse Customer Application

Please Print & Complete Form. Return form by fax to 765.463.6536 or e-mail to *office@galemas.com*

Company Name:				
Street Address:			City, State, Zip:	
Company E-mail:			Company Phone:	Company Fax:
Contact #1:			Position:	E-mail:
Contact #2:			Position:	E-mail:
Type of Business:	☐ Retail Shop ☐ Fundraising Group	☐ Garden Center ☐ Greenhouse	☐ Florist ☐ Landscaper	☐ Farm Market ☐ Other: _____
Product Interests:	☐ Young Plants ☐ Prefinished	☐ Spring Annuals ☐ Hanging Baskets	☐ Hort Couture Products ☐ Mums & Fall Products	☐ Poinsettias ☐ Other: _____
Federal ID Number:			Do you pay sales tax? ☐ Yes ☐ No	Indiana Merchants ID Number:
Trade References				
Name: Address:			Phone: Fax:	E-mail:
Name: Address:			Phone: Fax:	E-mail:
Name: Address:			Phone: Fax:	E-mail:

Thank you!