

Client Information Sheet

Sales Representative:	
Please Check One: Individual Partners	hip Corporation Date:
Business Name:	
Street Address:	
City:County:	State: Zip:
Telephone:	Fax:
Email Address:	
If a Golf or Country Club, is it member Owned? Sales Tax Rate:	
Sales Tax Exempt? Yes No Tax Exe	empt #:
(If sales tax exempt, please attach exemption form)	
Delivery Address:	
County: Within	
	t Jurisdiction:
Other : Yes No If YES, explain Police Jurisdiction, Empire Zone, etc.:	
Are you a MUNICIPALITY or owned by a MUNICIPALITY owned by a MUNICIPALITY or owned by a MUNICIPALITY owned by a MUNICIPALITY or owned by a MUNICIPALITY owned by a MUNICIPALITY or owned by a MUNICIPALITY owned by a MU	CIPALITY? Yes No
General Information:	
Type of Business:	Years in Business:
Years at Present Location:	
Name of Owners or Officers:	
Name:	Address:
Name:	Address:
notify Graco Fertilizer Company of any changes in the Conditions of Sale, as they may be amended from tin by reference as if fully set forth herein. The Terms an	e the accuracy of the information provided herein and agree to is information. I understand that Graco's General Terms and ne-to-time, (the "Terms and Conditions") are incorporated herein d Conditions can be located on Graco's website. In the event of ation and the Terms and Conditions, the specific term of this
Authorized Signature:	Print Name:
	Title:

Graco Fertilizer Company - PO BOX 89 - Cairo, GA 39828 – 800-343-5620- Fax: 229-377-8348