



2740 GREENE LANE
BALDWIN, MARYLAND 21013-9523

Nursery: 410/557-7229 Ext. #6
FAX: 410/557-9785

ESTABLISHED 1964

MEMBER OF:

Maryland Nurseryman's Association
Perennial Plant Association
International Hardy Plant Union (ISU)
American Horticultural Society
American Bamboo Society
Royal Horticultural Society

New Customer Profile

Welcome to Kurt Bluemel, Inc., and thank you for your interest in our nursery. We look forward to doing business with you and your company.

Providing this information will allow your company to buy products from us at wholesale pricing. **This is not an application for Terms of Credit.**

Please note the following: We sell wholesale to the trade only. We only accept Credit Card and Cash payments for all New Customer Accounts until a history of business has been established. This can usually be done over a period of 6-12 months. If you wish to establish terms after this time, please contact our accounting department.
We accept Visa, MasterCard, American Express and Discover

Our sales staff is always ready to help with quotes, pricing and availability. Please feel free to call us at either 410-557-7229 extension 6 or 1-800-498-1560, or email us at sales@kurtbluemel.com to let us know what we can do for you.

Our team is proud to be carrying out the traditions of Kurt Bluemel by growing high quality plants, offering competitive pricing, and serving our customers.

We look forward to hearing from you,

Thank you,

The Kurt Bluemel Team

2740 Greene Lane – Baldwin, Maryland 21013
Phone: 410-557-7229, Fax: 410-557-9785, Email: sales@kurtbluemel.com

Customer Information Form

All new customers will be a CASH or CREDIT CARD ACCOUNT until credit history has been established.

Note: This form is NOT an application for credit

General Information

Business Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____ Date business started: _____

Federal Tax ID #: _____ County: _____

Shipping address (if different from above) Street: _____

City: _____ County: _____ State: _____ Zip: _____

Tax exempt status:

Not tax exempt (pay sales tax).

(NOTE: We must charge sales tax unless we have a CURRENT copy of your sales tax exemption certificate ON FILE. Tax will be charged until provided.)

Tax Exempt (do not pay sales tax). State exemption certificates attached for the following states: _____

Please check business type below:

- Corporation Partnership Sole Proprietor
 Non-profit Municipality Limited Liability Company

Please check business category below:

- Landscape contractor Landscape architect Agricultural producer Florist
 Interiorscape Garden center Property maintenance
 Irrigation contractor Golf Course General Contractor
 Other: _____

How did you hear about us? Tradeshow _____ Conference _____

Plant Locator Internet Referral _____ Other _____

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List officers / owners of company:

Name and Title	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Wholesale terms and conditions

1. **This Form is not an application for credit.** All new customers will be a **Cash or Credit Card Account** until credit history has been established. For your convenience, we do accept VISA, MASTERCARD, DISCOVER, and AMERICAN EXPRESS.
2. Maryland sales tax of 6 % will be added to all orders unless we have your CURRENT Maryland Sales Tax Exemption certificate on file. Sales outside of Maryland: We must add the sales tax for the state where the order is delivered unless we have your State Sales Tax Exemption Certificate on file for that state.
3. Accounts presenting checks that are returned due to insufficient funds will be charged \$25.00 per incident.
4. Kurt Bluemel, Inc. reserves the right to close a wholesale account at any time.

By signing this form, I hereby agree to all terms and policies of Kurt Bluemel, Inc. and agree to accept responsibility for all purchases made on this account and to pay any and all collection costs, including attorney fees and bank fees, should this account ever go into collections.

Authorized signature:

_____ **Date:** _____

Persons authorized to make purchases:

Signature	Print Name
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Note: This form is NOT an application for credit

**All new accounts are set up as Cash or Credit Card purchases
until a credit history has been established.**