



CUSTOMER REGISTRATION

Date submitted:			For Office Use Only	Date Entered:
Company Information			Customer #:	
Company Name:				
Legal Name If Different:				
Address:				
City		_ State:	_Zip:	
Primary Contact:		_ Office Phone:		
Email:		Office Fax:		
Website:		Mobile Phone:		
Registration with Christen	sen's authorizes us to com	municate with your co	mpany by fax, email, or t	elephone.
Please mark best choice:	□ Landscape□ Municipality□ Golf Course	☐ School	☐ Garden Center ☐ Architect/Designer	
Primary Buyer:		_ Email:		
Office Phone:		Mobile Phone:		
Owners/Officers:				
Ownership:	☐ Individual	☐ Partnership	□ Corporation □	LLC
President:		_ Treas/Sec:		
Address:		_ Address:		
City:		_ City:		
Driver's License #:		Driver's License #:		
Phone:		_ Phone:		
Bank Information				
Bank Name:		_ Contact:		
Address:		City/St/Zip:		
Telephone:		Checking Account #:		
Sales Tax Information - Will You	ı Pav Sales Tax?			
	ach completed Michigan S	ales & Use Tax Certific	cate of Exemption	
	,		•	
Our acceptance of this	registration allows your o	company to purchase	e by cash, check or cre	dit card.
"We g	er the standard form nurser ive no warranty, expressed luctiveness, or any other m	or implied, as to desc	ription, quality,	

(Signature And Title Of Responsible Officer)

We accept no responsibility for the guarantee our customers give their customers.