C.O.D. APPLICATION FOR CUSTOMER ACCOUNT NUMBER (NOT A CREDIT APPLICATION)

P.O. BOX 665, LOXLEY, ALABAMA 36551 PHONE: 800-858-3521 FAX: 251-964-6594

Applicant Signature:

This is a COD application with Flowerwood Nursery, Inc, and its affiliated businesses, partners, incorporated and unincorporated divisions including but not limited to Flowerwood Mobile; Flowerwood Loxley; Flowerwood Loxley East; Flowerwood Grand Bay; Flowerwood Cairo; Flowerwood West; Flowerwood Bushnell; Flowerwood Ranburne; and Flowerwood. These various entities associated with Flowerwood Nursery are hereinafter collectively described as "Flowerwood."

Company Name:			Bus (Retail, Wh	Bus (Retail, Wholesale, LDSCP):		
H:						
lling Address:					Zip:	
					Zip:	
gricultural License #			State Tax I.D.:			
(REQUIRED BY STAT	E DEPARTMENT C	F AGRICULTURE	COPY MUST ACCO	OMPANY APPLICAT	ION IF APPLICABLE)	
lease list principals or pa	artners personal info	mation below:				
ame:			Name:			
ome Address:			Home Address:			
imary person to contact	regarding accounts:					
ade References: (Please	list complete informa	ation)				
ame:			Name:			
ldress:			Address:			
none:	Fax:		Phone:	Fax:		
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ınk & Bank Officer:				Acct. #		
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