



# New Customer Information Form

sales@lomavistanursery.com

Office: (785) 229-7200 Fax: (785) 229-7201

We would like to know how you heard about Loma Vista Nursery:

Referred by \_\_\_\_\_

Or How Did you find out about Loma Vista? \_\_\_\_\_

### Contact Information

Name of Business \_\_\_\_\_

Type of Business  Landscape Co w/holding yard  Landscape Co no holding yard  Retail Nursery  
 Builder  Landscape Distribution Center  Other \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*If PO Box, we require a physical address.

Physical Address (ship to) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Website \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Owner/President \_\_\_\_\_ FEIN# \_\_\_\_\_

Bookkeeper/Accounting Office Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Bookkeeper/Accounting Office Email Address \_\_\_\_\_

Tax Exempt  Yes  No \*If yes, a copy of the Kansas or Missouri sales tax exempt form must be attached.

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*For your convenience, we keep driver's license information on file for verification on future payments.

### Buyer's Information

Approved Buyer \_\_\_\_\_ Title \_\_\_\_\_

Buyer's Email \_\_\_\_\_ Buyer's Phone \_\_\_\_\_

Approved Buyer \_\_\_\_\_ Title \_\_\_\_\_

Buyer's Email \_\_\_\_\_ Buyer's Phone \_\_\_\_\_