Customer Information Form

Please Print or Type and send it to our email

AFNURSERYLLC@GMAIL.COM | (503) 871-1250 | AFNURSERYLLC.COM

Date: _____

Business Information

Business Name:_____ Company Phone _____Fax _____

Billing Address: _____

City: _____ State:_____ Zip/Postal code: _____

Buyer Contact First: _____ Last: _____

Email: _____ Phone: _____

Shipping Contact First: _____ Last: _____

Email: _____ Phone: _____

Shipping Address: _____

City: _____ State:_____ Zip/Postal code: _____

Type of Business: ☐ Grower ☐ Wholesale Nursery ☐ Retail Nursery ☐ Other_____

Marketing: ☐ Add to Email list

Notes:

_____

_____

_____

_____

Please Provide any additional information (More contacts, Special notes, Etc) On a Separate sheet.