

# **BABIKOW GREENHOUSES**

## **New Customer Policies**

Welcome to Babikow Greenhouses and thank you for your interest in our nursery.

Please take a few moments to read over our new customer policies so, we may expedite the initial set up process.

### **New Customer Account Requirements:**

1. Fill out and sign the New Customer Information Form.
2. Supply a Federal Tax ID number.
3. Supply a copy of a Tax Exemption Certification (If applicable).

**\*Filling out the New Customer Form is not an application for Terms of Credit.**

### **Policies:**

1. We sell wholesale to the trade only.
2. We **ONLY** accept **credit card** and **cash** payments for all New Customer Accounts until a history of business has been established. Once a customer has placed 3-5 orders with us, we will review a credit application where we can offer terms based on your credit references and continued business with us.

**\*We accept: Visa, MasterCard, American Express and Discover**

Our team is proud to be carrying out the traditions of Babikow in growing high quality plants, offering competitive pricing, and serving our customers. Our sales staff is always ready to help with quotes, pricing and availability. Please feel free to call or email to let us know what we can do for you.

**\*We only accept Word or PDF Documents, Phone Screen Shots are Not Accepted due to printing issues\***

We look forward to doing business with you.

Thank you,  
Babikow Team

**7838 Babikow Road, Baltimore, MD 21237**

**Phone: 410-391-4200, Fax: 410-574-7582**

**Email: [babikow@babikow.com](mailto:babikow@babikow.com)**

# Babikow Greenhouses

## Customer Information Form

All new customers will **PAY BY CREDIT CARD** until Sales 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 Status:

☐ Not Tax Exempt (Pay Sales Tax).

☐ Tax Exempt (Do Not Pay Sales Tax).

**You must send in a copy of the Sales and Use Tax Resale Certificate from your State's Website.**

**\* We must charge sales tax unless we have a CURRENT copy of your tax exemption certificate ON FILE.**

### Please check business type below:

- |                                      |                                       |  |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership  | <input type="checkbox"/> Sole Proprietor           |
| <input type="checkbox"/> Non-profit  | <input type="checkbox"/> Municipality | <input type="checkbox"/> Limited Liability Company |

### Please check business category below:

- |  |  |  |                                  |
|--|--|--|----------------------------------|
| <input type="checkbox"/> Landscape contractor  | <input type="checkbox"/> Landscape architect | <input type="checkbox"/> Agricultural producer | <input type="checkbox"/> Florist |
| <input type="checkbox"/> Interiorscape         | <input type="checkbox"/> Garden center       | <input type="checkbox"/> Property maintenance  |                                  |
| <input type="checkbox"/> Irrigation contractor | <input type="checkbox"/> Golf Course         | <input type="checkbox"/> General Contractor    |                                  |
| <input type="checkbox"/> Other: _____          |  |  |                                  |

**How did you hear about us?**    ☐ Tradeshow \_\_\_\_\_ ☐ Conference \_\_\_\_\_  
☐ Plant Locator    ☐ Internet    ☐ Referral \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Would you like to receive our weekly Email Availability?**    ☐ YES    ☐ NO

**List Owner(s) of Company/Buyer(s):**

**Owner:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Annual Buyer:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Perennial Buyer:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Wholesale terms and conditions:**

1. **This Form is NOT an application for credit.** All new customers will be a **Credit Card or Cash Account Only** 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. Babikow Greenhouses reserves the right to close a wholesale account under certain circumstances; for example, returned checks, nonpayment of invoices, grossly overdue payment, etc.

By signing this form, I hereby agree to all terms and policies of Babikow Greenhouses 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:** \_\_\_\_\_

**Email: babikow@babikow.com**