

Cash Account Application

Account Name	Full legal name or business name:			
Mailing Address	Street:	City:	Province:	Postal Code:
Delivery Address	Street:	City:	Province:	Postal Code:
Phone:		Fax:	Cellphone:	
Email Address:			<input type="checkbox"/> Check here if you consent to receive emails from us. You may withdraw consent at any time.	

Main Contact	Full Legal Name:	Phone:
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Operation Type	Total Acres Owned:	Total Acres Leased:	Years in business:	PST # or Farm ID #:		
Small Fruit/Field Veg <input type="checkbox"/>	Forage/Ranch <input type="checkbox"/>	Greenhouse Floral/ Greenhouse Veg <input type="checkbox"/>	Landscape/ Lawn Care <input type="checkbox"/>	Nursery <input type="checkbox"/>	Other:	Organic? Yes <input type="checkbox"/> No <input type="checkbox"/>

Proof of Commercial Operation* <i>(Must provide at least one copy of the following:)</i>	Folio, Tax Assessment # or Farmer ID Card (with Expiry Date) <input type="checkbox"/>		Pesticide Applicator's License (with Expiry Date) <input type="checkbox"/>		Business License (with Expiry Date) <input type="checkbox"/>	
Crop:	Acres:	Crop:	Acres:	Crop:	Acres:	

**Proof of commercial operation required for all commercial chemical purchases.*

I declare that the information in this application is true and correct in every respect.

Signature of Applicant:	Name and Title (please print):
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Authority to Debit Credit Card for Purchases

I, _____, authorize TerraLink Horticulture Inc. to debit my credit card for purchases.

Card Number:	Expiry:	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
Name on Credit Card:	Signature of Card Holder:	
Automatic Payment by Invoice: <input type="checkbox"/>	Automatic Payment Declined: <input type="checkbox"/>	