

Boughen Nurseries – Retailer Application Form

Thank you for your interest in being a Boughen Nurseries Ltd. retailer. Please provide the following information to apply for credit and to be a retailer.

Submit completed form to trees@boughennurseries.com

Retailer Information:

Company Name: _____

Main Contact: _____ Position: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Website (if applicable): _____

GST Registration Number: _____

Banking Information:

Current Bank / Credit Union: _____

Branch Manager: _____ Phone Number: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

How long have you been with this Bank / Credit Union: _____

Credit Limit Requested: _____

Please provide three suppliers you have dealt with in the past year:

Company Name: _____

Main Contact: _____ Position: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

How long have you been working with this company: _____

Company Name: _____

Main Contact: _____ Position: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

How long have you been working with this company: _____

Company Name: _____

Main Contact: _____ Position: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

How long have you been working with this company: _____