



**Eagle Lake**  
NURSERIES LTD.

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## NEW CUSTOMER APPLICATION

What is your primary business? Please check one of the following:

**Residential Landscaper** \_\_\_\_\_ **Commercial Landscaper** \_\_\_\_\_ **Land. Architect** \_\_\_\_\_

**Garden Centre** \_\_\_\_\_ **Other please specify** \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Those Authorized to Purchase: \_\_\_\_\_

Do You Issue Purchase Orders? \_\_\_\_\_

**Please include the following information:**

Business Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Numbers: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Company Owners Name: \_\_\_\_\_

**Please include a copy of your business license.**

*All new accounts are COD. You are welcome to pay for purchases by cash, debit card or MasterCard or Visa*