



**Credit/Billing Office: 1815 West Gentile Street, Layton, Utah 84041**  
**Phone: 801-544-1212, #1 Fax: 801-546-6819**  
**Email to: [annette.green@jjnursery.com](mailto:annette.green@jjnursery.com)**

**CASH ACCOUNT AGREEMENT**

Please complete the following form in its entirety. Incomplete applications may be returned unprocessed.

**Date of Application:** \_\_\_\_\_ **Company Salesperson:** \_\_\_\_\_

**Legal Business Name:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**Business/Billing Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Mobile Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Business Website:** \_\_\_\_\_

**Name of Owner(s):** \_\_\_\_\_

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

**City, State, Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Federal I.D.#** \_\_\_\_\_ **(if applicable)**

**Type of Entity:** Corporation: \_\_\_\_\_ Limited Liability Company( LLC): \_\_\_\_\_ Partnership \_\_\_\_  
 Proprietorship: \_\_\_\_\_ Other: \_\_\_\_\_

**Principal Business Activity:** \_\_\_\_\_ **Date Started:** \_\_\_\_\_

How long in business under its present ownership: \_\_\_\_\_

Do you require a Purchase Order #? \_\_\_\_\_ Job Name? \_\_\_\_\_

Please List those Authorized to make purchases on this account: (Limited to 5 names) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED LICENSES: (AS APPLICABLE)**

- State Sales Tax Exempt: Yes, \_\_\_ No \_\_\_ Number: \_\_\_\_\_  
**Utah State requires a copy of license or UT State Tax Commission Tax Exemption Certificate to be on file. Must provide a paper copy of either.**

Landscape Contractor's License #: \_\_\_\_\_

- **Provide copy with this application** Classification: \_\_\_\_\_

- General Contractor License#: \_\_\_\_\_  
**Provide copy with this application.** Classification \_\_\_\_\_

- City Business License # \_\_\_\_\_ City, State: \_\_\_\_\_  
**Provide copy with this application.**

**Do You Have a Business Card? Yes, \_\_\_\_\_ No \_\_\_\_\_ Attach to this application.**

- State Pesticide Applicator License, if applicable #: \_\_\_\_\_  
**Provide copy with this application**

Are you registered with Utah Division of Corporations and Commercial Code? Yes \_\_\_\_\_ No \_\_\_\_\_

**TERMS: I/we understand that there is no warranty on Outdoor Nursery Stock and Indoor Greenhouse plants purchased at Discounted or Wholesale prices.**

**I further understand that this account will be established as a "Cash Account" with PAYMENT DUE AT TIME OF PURCHASE AGREEMENT and agree to pay for all items purchased at point of sale. In the event of default, NSF Checks, etc., the undersigned agrees to pay all costs of collection, including fees of any collection agency and attorney's fees whether hourly or contingent, together with costs of court and further agrees that any legal action brought hereunder may be brought in Davis County, Utah.**

**The undersigned warrants that he/she has authority to execute this Cash Account Agreement and to bind said company to the terms contained herein.**

Dated this day: \_\_\_\_\_, 20\_\_\_\_\_

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

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Office use only: Approved \_\_\_\_\_ By: \_\_\_\_\_ (2/24)