



## CONTACT UPDATE FORM

Please provide us with your correct information so that we can update your account and better serve you.

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Area Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Area Code: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

Tax Exempt?  Yes or  No (Please provide us with a ST-3 Form for our records)

Purchase order required?  Yes  No

Please inform us about your business:

Builder  Landscape Architect  Landscape Contractor

School or Municipality  Other-please specify-\_\_\_\_\_

Would you like to receive specials via email?  Yes  No

**We appreciate your business!**