



Customer Information Form

Please PRINT the following information:

Company Name: _____

Federal ID # (nine digits): _____

'Bill To' Address: _____

City: _____ State: _____ Zip Code: _____

'Ship To' Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____

Email Address: _____

Website (if available): _____

Name of Owner: _____

Cell Phone: _____

Contact Person (if differs from above): _____

Phone: _____

Mail to:

Cuthbert Greenhouse, Inc.
4900 Hendron Road
Groveport, Ohio 43125

Fax to:

(614) 836-3767