TERRA SOMBRA FARMS

WHOLESALE ACCOUNT REQUEST FORM

Print, complete, then scan or take picture and email or text to us.

Your Name: _____ **Your Email:** _____

Your Phone: _____ **Cell (optional):** _____

Business Name: _____
Type of Company: Corporation ___ Proprietorship ___ Partnership ___

Business Classification: ___ wholesale nursery ___ retail ___landscaper
___ architect ___ builder/developer ___ Other

Texas Sales & Use Tax Permit (11 digits): _____

Physical Address: _____

Mailing Address, if different: _____

OWNER/OFFICER

Name: _____ Title: _____

Phone: _____ **Email:** _____

Residence Address: _____

ADDITIONAL OWNER/OFFICER, if applicable

Name: _____ Title: _____

Phone: _____ **Email:** _____

Residence Address: _____

TERRA SOMBRA FARMS

Authorized Check Signers

Name: _____ Driver License #: _____ DOB: _____

Signature

Name: _____ Driver License #: _____ DOB: _____

Signature

If desired, this form may be completed online at https://terrasombrafarms.com/wholesale-account-form/.

If you wish to use this paper form, **print this form, complete legibly, then scan or take picture and email or text to us using the information in the footer below.**

Have questions? Call us!