



# NORMAN'S NURSERY

## CASH IN ADVANCE CUSTOMER FORM

<b>SALES REP NAME AND REP #</b>	
<b>CUSTOMER COMPANY NAME</b>	
<b>EMAIL ADDRESS (FOR PAYABLES)</b>	
<b>BILLING ADDRESS</b>	
<b>PHYSICAL ADDRESS (IF DIFFERENT FROM BILLING)</b>	
<b>TYPE OF BUSINESS</b>	
<b>PHONE #</b>	
<b>CELL PHONE #</b>	
<b>OWNER(S) / PARTNERS</b>	
<b>PAYABLES CONTACT</b>	
<b>PHONE # (FOR PAYABLES)</b>	
<b>CA SELLERS PERMIT #</b>	
<b>CONTRACTORS LICENSE #</b>	
<b>PURCHASING AGENTS NAME</b>	