



Application for Premier Membership Discount Program

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Business Type _____ Resale or Federal Tax ID # _____

Are you a current customer with Emerald Valley Gardens? Yes / No

If yes, what is your customer name? _____

Are there multiple owners? Yes / No

Owner Name _____ Title _____

Owner Name _____ Title _____

Additional Authorized Purchasers

Name _____ Title _____

Name _____ Title _____

What type of products are you currently using? (i.e. Soil, Lights, Nutrients, etc.)

Number of lights in use at your facility _____

Square Footage of Canopy- Flower _____ Sq. Ft. Veg _____ Sq. Ft.

I hereby certify the above information to be true and accurate.

Signature of Principal/Owner

Date