



**Rooted to Grow<sup>®</sup>**

# Customer Registration Form

New Customer/Partner

Customer/Partner profile update

Willoway Nurseries  
Corporate Offices  
4534 Center Rd. Avon, OH 44011  
440-934-4435

Avon Distribution Center  
4825 Center Rd  
Avon, OH 44011  
440-934-3813

Broadview Distribution Center  
10001 Broadview Rd  
Broadview Hts., OH 44147  
440-526-8711

Hilliard Distribution Center  
6981 Scioto Darby Rd.  
Hilliard, OH 43026  
614-777-9859

## Customer Information

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Business Phone #: \_\_\_\_\_  
 Mobile Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Email: \_\_\_\_\_

## Owner Information

Federal ID #: \_\_\_\_\_ Vendor #: \_\_\_\_\_  
 Owner's Name(s): \_\_\_\_\_  
 Owner's Phone #: \_\_\_\_\_ Driver License #: \_\_\_\_\_  
 Owner email: \_\_\_\_\_  
 Nature of business: \_\_\_\_\_

## Billing Information

Accounts Payable Contact: \_\_\_\_\_  
 Accounts Payable Phone: \_\_\_\_\_  
 Accounts Payable Email: \_\_\_\_\_  
 Provide email for invoices: \_\_\_\_\_  
 Purchase order required? \_\_\_\_\_

## Business Information

We want to get to know you.  
Please select all categories that apply!

- |  |   |
|--|---|
| <input type="checkbox"/> Colleges & Universities | <input type="checkbox"/> Landscaper             |
| <input type="checkbox"/> Garden Center           | <input type="checkbox"/> Municipalities & Parks |
| <input type="checkbox"/> Greenhouse              | <input type="checkbox"/> Seasonal/ Market       |
| <input type="checkbox"/> Grower                  | <input type="checkbox"/> Re-Wholesaler          |
| <input type="checkbox"/> Other                   |   |

What are the percentages of your business categories?

_____	_____ %
Category	
_____	_____ %
Category	
_____	_____ %
Category	
_____	_____ %
Category	

*\*Please be sure that all information is entered accurately and completely\**

**\*\*Bolded fields are REQUIRED - Please fill out all bolded fields\*\***

**Shipping/Receiving Information**




Receiving address: \_\_\_\_\_  
 Receiving City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Shipping notification email: \_\_\_\_\_  
 Receiving Contact Phone #: \_\_\_\_\_ Texting notification #: \_\_\_\_\_  
 Receiving Contact Email: \_\_\_\_\_  
 Receiving hours: \_\_\_\_\_  
 Do you have any of the following? (Please check all that apply)  
 Forklift      Loading Dock      53' Semi access      Rolling cart access

**Preferred contacts for ordering/buying (If other than owner)**

Contact name/title: \_\_\_\_\_ Contact name/title: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_  
 Portal Email: \_\_\_\_\_ Portal Email: \_\_\_\_\_  
 Day/Time to contact: \_\_\_\_\_ Day/Time to contact: \_\_\_\_\_  
 Employees authorized to purchase: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please indicate any interest in the following:**

Please provide your email if you are interested in the following:  
 Weekly Availability - email: \_\_\_\_\_  
 \_\_\_\_\_  
 Weekly Newsletter - email: \_\_\_\_\_  
 \_\_\_\_\_

		<h2 style="margin: 0;">Our Core Values</h2>					
<b>Do the Right Thing</b>	<b>Never Sacrifice Safety</b>	<b>Understand the Why</b>	<b>Go the Extra Mile</b>	<b>Support the Team</b>	<b>Take Ownership</b>	<b>Play to Win</b>	
Honesty  Treat everyone with respect and dignity  Use GGOB values in our everyday work	Go home to our families the same way we came to work  Be careful and responsible  Use proper personal protective equipment	Understand the full process so we can do our jobs better  Communicate effectively  Understand the big picture	Exceed expectations  Provide outrageous customer service  Be great	Win together  Participate  Appreciate each other	Learn from our mistakes  Follow through  Take care of the company as if it's our own	Know the goal so we can win  Winning is a team effort  Have fun but don't stop until it's done	
							

*\*Please be sure that all information is entered accurately and completely\**

**\*\*Bolded fields are REQUIRED - Please fill out all bolded fields\*\***