



## Client Tracking Form

This form is intended solely to help serve clients of AllSeasonsMulch.com by providing better communication of products, discounts, sales, reward programs, lawn programs and other educational material that we hope will enhance your shopping experience!

We Thank You "Mulch" for your business!

Name		<input type="checkbox"/> Homeowner		<input type="checkbox"/> Commercial Contractor Client	
Legal Company Name (if applicable)			Trade Name/DBA		
Physical Address			Billing Address		
City	State	Zip Code	City	State	Zip Code
Website (if applicable)			Email Address		
Business Start Date			Owner(s)		
Would you like to qualify for contractor discounts under the business name? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please complete the information below:					
Business Structure: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other					
Federal ID #/EIN#		Tax Status <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt (see below)			
Exemption/Resale Number* * (Requires a Signed Resale Certificate to Receive Tax Exempt Sale) – Please attach					
Would like to have check writing status? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please complete the information below:					
Principal Owner Name		Driver's License Number		State Issued	Exp of DLN

\*\*\*Please note that all information provided All Seasons Mulch Market & Landscape Supply herein is personal and confidential and will not be shared to any other source without your written authorization.

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