

IGI Marketing, Inc. - IGI Growers – Transplant Growers

Customer Information

Federal ID # _____

Company Name: _____

Bill to Address: _____

City: _____ State: _____ Zip: _____

Ship to Address: _____

City: _____ State: _____ Zip: _____

Customer Contact Name: _____

Phone #: _____ Fax # _____

Cell #: _____

Resale Tax Exempt ID #: _____

(Please fax a copy to 352.735.2899)

Preferred Payment Method: Cash Credit Card Wire Transfer

(Please call for other payment methods) (Customer pays any fees for wire transfers)

E-Mail address: _____

Credit Card Information (if preferred payment method)

Customer Name: _____

Name on Credit Card: _____

Credit Card Type: Visa Master Card Discover

Credit Card #: _____

Expiration Date: _____ Card Code (3 digits on back) _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____