

# 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: \_\_\_\_\_

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### **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: \_\_\_\_\_