Belmont Nursery
The "Go-To" Place for Plants!
WWW.BELMONTNURSERY.COM

7730 E. Belmont
Fresno, CA 93737
Phone – (559) 255-6645
FAX – (559) 255-4040

Thank You for Your Interest in Belmont Nursery
We look forward to working with you!

General Information

- Our wholesale hours of operation in Fresno are:
  Winter/Fall - Monday through Friday 7:00 AM to 4:30 PM
  Spring/Summer - Monday through Friday 7:00 AM to 5:00 PM
  Saturday 8:00 AM to 3:00PM

- Plant availability lists are available either by FAX or email. If you would like to be added to one of our scheduled availabilities, please complete the attached "Company Information Sheet" and we will include you in the appropriate list.

- If you have any questions, feel free to contact our office staff and they will be more than willing to assist you!

- Our field sales representatives are:

South Valley – **Cheyann Paschall**	(559) 580-9914	CheyannP@belmontnursery.com
Central Valley – **Cheyann Paschall**	(559) 580-9914	CheyannP@belmontnursery.com
Central Coast/Ventura – **Steve Johnson**	(805) 798-3043	OldCreek.co@sbcglobal.net
Peninsula & East Bay – **Curt Andrewson**	(831) 524-3338	BayAreaGardenSales@gmail.com
Bay Area, continued – **Monique Deaner**	(831) 214-1469	MoniqueDeaner@yahoo.com
Mid-State – **Scotty Stout**	(925) 325-3732	ScottyJStout@gmail.com
NorCal/Nevada- **Emerald Sica**	(916) 300-4921	Emerald@belmontnursery.com
All out of State – **Emerald Sica**	(916) 300-4921	Emerald@belmontnursery.com

We at Belmont Nursery thank you for the opportunity to meet your needs!

MASTER NURSERY GARDEN CENTERS ANLA cangc

Visit us on the web at www.belmontnursery.com
You can also email us at orders@belmontnursery.com

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Ordering Information

- **Orders**
  - We ask that you include your rep when placing an order.
  - Your order may be placed via telephone, fax or email.
  - Please clearly indicate your business name, telephone number and contact person when ordering.
  - Specify if the order will be for delivery or will-call.

- **Deliveries**
  - Deliveries are made Monday through Friday based upon your area. During the busy season our trucking schedule is very tight, and schedules may change. For more information, please contact your sales representative or call the office directly.

Terms & Conditions

- **Payments**
  - While our regular terms are COD, we will be pleased to make credit arrangements with established companies. Please fill out the credit reference sheets, and please note that those may take up to 4 weeks for confirmed information.
  - All credit approved accounts are NET 30 *from date of invoice.*
  - We accept Visa, MasterCard or American Express cards.

- **Wholesale Sales services the following trades:**
  - Retail & Wholesale Nurseries/Garden Centers
  - Landscape Contractors & General Contractors
  - Landscape Architects & Designers
  - Florists
  - Gardeners & Tree Services
  - Municipalities

- **Claims**
  - All claims must be made ***within 24 hours of receipt of goods***.
  - Please make sure that your delivery copies are signed by your receiver.

COMPANY INFORMATION

Business name:_____

Owner/contact (1ST)_____

Owner/contact (2ND) _____

Billing address_____

City_____ State_____ Zip+(4)_____

Shipping address (if different than billing)_____

City_____ State_____ Zip (+4)_____

Phone_____cell_____fax_____

AP Contact_____ AP e-mail_____

CUSTOMER TYPE: RETAIL NURSERY/FLORIST ___ WHOLESALE NURSERY ___
LANDSCAPER (PRIMARY)___ GARDNER ___ TREE SERVICE ___ ARCHITECT/DESIGNER/BROKER ___
GENERAL CONTRACTOR ___ GOVERNMENT,/MUNICIPALITIES ___ SCHOOL/CHURCH/HOSPITAL ___
GOLF COURSE/MALL/CEMETARY ___ APARTMENTS/PROPERTY MANAGEMENT___ BUSINESS/FARMER ___ HOMEOWNER ___
OTHER___

PLEASE PUT ME ON YOUR AVAILABILITY:
(WEEKLY / BI-WEEKLY / MONTHLY) (CIRCLE ONE)

PLEASE SEND BY:
(E-MAIL / FAX) THE AVAILABILITY LIST (CIRCLE ONE)

Need retail pricing or SKU/UPC Codes on your labels?
We provide an informational label on all of our material at no charge.
We can include your store's SKU, custom UPC or Retail for a $0.17 label fee.

What are your label requirements
Retail Prices_____
Your own UPC Code_____
Your SKU code_____

Using your formula for calculating your retails is the most efficient way (we can add new items' retails to orders immediately instead of waiting for you to provide them) to add them to your account. We can also send a pro-forma to you as the order is entered, and you can return that to us with retails. Please send retails and formula information to *Shirlee@belmontnursery.com*

If you have a formula please write it here._____

Who is the contact name for retail pricing?_____

What are your receiving hours? _____

Who is the contact for deliveries? _____

ALL *RESALE* CUSTOMERS MUST COMPLETE THE FORM BELOW

BUSINESS NAME: _____

I HEREBY CERTIFY,

That I hold valid seller's permit Number_____

Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling **PLANT & PLANT MATERIAL** that the tangible personal property described herein which I shall purchase from: **BELMONT NURSERY, INC.** will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding to for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased**: PLANTS & PLANT MATERIAL**

Date _____

Signature _____

Title _____

Printed Name _____

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APPLICATION FOR CREDIT *Requested $_____*

COMPANY NAME _____

BILLING ADDRESS _____

SHIPPING ADDRESS _____

PHONE _____ FAX _____ CELL _____

TYPE OF BUSINESS _____ YEAR ESTABLISHED _____

ACCOUNTS PAYABLE CONTACT NAME _____

AT PRESENT LOCATION _____ YEARS NURSERY LICENSE# _____

CONTRACTORS LICENSE # _____ RESALE PERMIT # _____

PARTNERSHIP ( ) PROPRIETOR ( ) CORPORATION ( ) LLC ( )
DATE & STATE _____

OWNERS/OFFICERS/MEMBERS

1. _____ TITLE _____

2. _____ TITLE _____

3. _____ TITLE _____

4. _____ TITLE _____

REFERENCES: (GIVE ONLY NAME OF THOSE YOU BUY ON OPEN ACCOUNT WITH)

1._____ PHONE_____ FAX_____
(COMPANY NAME)
ADDRESS_____

2._____ PHONE_____ FAX_____
(COMPANY NAME)
ADDRESS _____

3._____ PHONE_____ FAX_____
(COMPANY NAME)
ADDRESS _____

4._____ PHONE_____ FAX_____
(COMPANY NAME)

ADDRESS _____

BANK INFORMATION:

BANK: _____ ADDRESS _____

CITY/ZIP _____ ACCOUNT # _____

PHONE # _____ CONTACT _____

PERSONAL GUARANTEE:

Corporation officers, partners or proprietors herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm.

INDIVIDUAL_____
Printed name/Title SIGNATURE DATE

INDIVIDUAL _____
Printed name/Title SIGNATURE DATE

INDIVIDUAL_____
Printed name/Title SIGNATURE DATE

INDIVIDUAL _____
Printed name/Title SIGNATURE DATE

Authorization is hereby granted to extend credit information without liability on the part of Belmont Nursery, Inc., or references above. Terms are net 30 days from invoice date unless otherwise stated on the invoice. Past due accounts will be assessed a service charge of 1.5% per month or at a rate as allowed by local laws and necessary to cover related costs. In the event it becomes necessary to release your account to an outside collection agency or an attorney all related costs will be added to the debtors due.

I/we agree to notify you promptly of any change in ownership of the business conducted under the account name, and agree to liability for all charges to the business conducted under the account name unless and until you receive written notice of a change in ownership of that business.

I/We have read understand, and accept the above terms, and have provided true information to the best of my/our knowledge.

APPLICANT _____

_____ _____
SIGNATURE & TITLE OF RESPONSIBLE OFFICER SOC SECURITY # DATE

APPLICANT _____

_____ _____
SIGNATURE & TITLE OF RESPONSIBLE OFFICER SOC SECURITY # DATE

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Date _____

_____

_____

_____

Please complete and sign the bottom portion only.

Your name was given as a credit reference for _____.

Open date _____

Credit Limit $_____

High Credit _____

Balance Owing $_____

Terms: Net 30 _____ **Net 60** _____ **Net 90** _____

Pay within terms: Always _____ **Most of the Time** _____ **Sometimes** _____ **Rarely** _____

Please accept this signed letter as authorization to release the above credit information to Belmont Nursery.

I understand all information is confidential and will be used only for purposes of qualification for an open account with Belmont Nursery.

_____

Company Name

_____

Address

_____

City, state, zip

_____

Signature of Authorized person/ Title

_____

Printed Name

Please complete and sign

Updated 9/8/2026