



New Customer Application

Customer Name: _____

Business Name: _____

Phone Number: _____

Fax Number: _____

Email: _____

Shipping Address: _____

Billing Address: _____

Business Tax ID Number: _____

Resellers Permit Number: _____ ExpirationDate: _____

SUNWEST GROWERS 509, LLC
1261 CEMTERY RD. | SUNNYSIDE, WA 98944
OFFICE: 509.837.8073 | FAX: 509.837.8063 | EMAIL: TONYA@SUNWESTGROWERS.COM