

# The OrchidFix Nursery, Inc.

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## New Wholesale Customer Application

**Name of Business:** \_\_\_\_\_

**State Tax License** \_\_\_\_\_

**-OR- FEIN #** \_\_\_\_\_

*Please provide photocopy with submission of application.*

**Billing Address:** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**& email:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_

(If Different from  
Above)

**Name(s) of** \_\_\_\_\_

**Owner(s):** \_\_\_\_\_

**Authorized** \_\_\_\_\_

**Buyer(s):** \_\_\_\_\_

How long have you been in  
business? How long have you  
been growing orchids?

What kind of orchids are  
you looking for?

Approximatly what quantities do  
you expect to order?

Do you buy from any other  
Hawaii-based nurseries?  
If yes- please list.

Do you expect to buy any NB  
(Non-Bloom) Product?

**Customer Name (Print):** \_\_\_\_\_

**Customer Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_