



Rooted to Grow®

Customer Registration Form

New Customer/Partner

Customer/Partner profile update

Willoway Nurseries
Corporate Offices
4534 Center Rd. Avon, OH 44011
440-934-4435

Avon Distribution Center
4825 Center Rd
Avon, OH 44011
440-934-3813

Broadview Distribution Center
10001 Broadview Rd
Broadview Hts., OH 44147
440-526-8711

Hilliard Distribution Center
6981 Scioto Darby Rd.
Hilliard, OH 43026
614-777-9859

Customer Information

Company Name: _____ Account #: _____
 Contact Person: _____
 Billing Address: _____
 City: _____ State: _____ Zip Code: _____
 Business Phone #: _____
 Mobile Phone #: _____
 Fax #: _____
 Email: _____

Owner Information

Federal ID #: _____ Vendor #: _____
 Owner's Name(s): _____
 Owner's Phone #: _____ Driver License #: _____
 Owner email: _____
 Nature of business: _____

Billing Information

Accounts Payable Contact: _____
 Accounts Payable Phone: _____
 Accounts Payable Email: _____
 Provide email for invoices: _____
 Purchase order required? _____

Business Information

We want to get to know you.
Please select all categories that apply!

- | | |
|--|---|
| <input type="checkbox"/> Colleges & Universities | <input type="checkbox"/> Landscaper |
| <input type="checkbox"/> Garden Center | <input type="checkbox"/> Municipalities & Parks |
| <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Seasonal/ Market |
| <input type="checkbox"/> Grower | <input type="checkbox"/> Re-Wholesaler |
| <input type="checkbox"/> Other | |

What are the percentages of your business categories?

_____	_____ %
Category	
_____	_____ %
Category	
_____	_____ %
Category	
_____	_____ %
Category	

Please be sure that all information is entered accurately and completely

****Bolded fields are REQUIRED - Please fill out all bolded fields****

Shipping/Receiving Information

Receiving address: _____
 Receiving City: _____ State: _____ Zip code: _____
 Shipping notification email: _____
 Receiving Contact Phone #: _____ Texting notification #: _____
 Receiving Contact Email: _____
 Receiving hours: _____
 Do you have any of the following? (Please check all that apply)
 Forklift Loading Dock 53' Semi access Rolling cart access



Preferred contacts for ordering/buying (If other than owner)


Contact name/title: _____ Contact name/title: _____
 Phone #: _____ Phone #: _____
 Email: _____ Email: _____
 Portal Email: _____ Portal Email: _____
 Day/Time to contact: _____ Day/Time to contact: _____
 Employees authorized to purchase: _____

Please indicate any interest in the following:

Please provide your email if you are interested in the following:
 Weekly Availability - email: _____

 Weekly Newsletter - email: _____

		<h2 style="margin: 0;">Our Core Values</h2>					
Do the Right Thing	Never Sacrifice Safety	Understand the Why	Go the Extra Mile	Support the Team	Take Ownership	Play to Win	
Honesty Treat everyone with respect and dignity Use GGOB values in our everyday work	Go home to our families the same way we came to work Be careful and responsible Use proper personal protective equipment	Understand the full process so we can do our jobs better Communicate effectively Understand the big picture	Exceed expectations Provide outrageous customer service Be great	Win together Participate Appreciate each other	Learn from our mistakes Follow through Take care of the company as if it's our own	Know the goal so we can win Winning is a team effort Have fun but don't stop until it's done	



Please be sure that all information is entered accurately and completely

****Bolded fields are REQUIRED - Please fill out all bolded fields****