



JOANN'S GREENHOUSES, INC.

14607 STATE HIGHWAY B • PERRYVILLE, MO • 63775

PHONE: (573)788-2231 / (800) 333-0295 • FAX: (573) 788-2233

E-MAIL: sales@joannsgreenhouse.com

NEW CUSTOMER INFORMATION

Thank you for choosing JoAnn's Greenhouses, Inc. We are located in Biehle, MO, approximately 90 miles south of St. Louis and 35 miles north of Cape Girardeau, MO.

Office hours: M-F: 8:00 A.M. to 4:00 P.M. and 8:00 A.M. to 12:00 Saturday.

We deliver 95% of our product, but we welcome the opportunity for you to visit our greenhouses, pick up your order, and see all that we have to offer.

We must have a new customer packet filled out in order to process your order!!!

Please allow us 48 hours to process your information

Our delivery schedule:

MONDAY: Leadbelt, MO area
Cape Girardeau, MO area
Short South - Benton, Scott City, Chaffee

TUESDAY: St. Louis, MO (city and county)
Evansville, IN area (every other week in season)
Southern IL (Carbondale, Benton)

WEDNESDAY: South: Dexter to Memphis, TN areas
Jonesboro, AR to Paragould, AR
Paducah, KY and Surrounding Areas
Southern IL (Vienna, Jonesboro)
Dyersburg, TN area

THURSDAY: Columbia and Jefferson City, MO area
Lake Ozark and Rolla, MO area
Kansas City area (seasonal)
Springfield, MO area (every other week)

FRIDAY: St. Louis, MO area (city and county)
Edwardsville, IL & surrounding areas
North to Nokomis, IL area

SATURDAY: Manager's choice, by appointment only.

We welcome Customer Pickups

Call to make arrangements if early or late pickup time is necessary

******During certain seasons, due to volume, all delivery days are subject to change******

All orders (or add-ons) placed for delivery must be called in no later than noon the day before delivery.

This allows us adequate time to process, route, and begin loading your order for delivery.

We do not charge a delivery fee but we do request a \$150.00 minimum order for delivery. Orders that do not meet the required minimum are subject to a delivery charge of \$25.00. There is no minimum required for customer pick-ups from our Biehle, MO location.

We accept Visa, Master Card, American Express, and Discover Cards

Please make sure that either you or your personnel verify the physical count and description of the plants delivered by our truck (or picked up at our greenhouse). If you receive plants from us that you are not satisfied with, you can return the plants while the driver is still there and your invoice will be credited immediately. We will be happy to make adjustments or exchanges on problems reported to us within **48 hours** of delivery.

As a service to our customers, our drivers deliver directly to your door. We would appreciate your helping the driver unload so that he may continue on his deliveries as quickly as possible. If it is necessary for us to call before delivery is made, please let us know when you place your order.

Please fill out all of the enclosed forms and return it to us as soon as possible. In order to process your order quickly and efficiently, we must have this information on file.

We appreciate this opportunity to welcome you as one of our customers and hope that our business relationship will be long lasting and mutually satisfying.



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DIRECTIONS

Take I-55 South from St. Louis to the Biehle Exit (Exit 123) – Turn right on Highway B and go approximately 3 miles (through the town of Biehle – You'll pass Central States Wholesale Trucking on your left and a church on your right) – As you pass the church and the Trucking Co., you will go around a corner and down a hill – At the bottom of the hill you will see a one-lane bridge – The lane to the greenhouse will be on the right before you get to the one lane bridge – There is a sign “JoAnn's Greenhouses” at the end of the lane where you turn in.



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OFFICE USE ONLY

Thank you for the opportunity to serve you! Please fill out the following information for our Sales Department & Delivery Drivers and fax, mail or e-mail back. This information is kept on file and enables us to serve you better.

We CANNOT Process Any Order Without this Information!!

Please Make Sure to Include Directions at the Bottom of the Page - Thank You for Your Business.

Date: _____

Company Name: _____ Billing Address: _____

City & State, Zip: _____

Ship to Address (If Different) _____

Owner's Name: _____ Contact, if Different: _____ Title: _____

Business Phone #: _____ Business Fax #: _____

Cell Phone & Pager #: _____ Home Phone #: _____

Important - Fill in the information below.

(In case there is bad weather or mechanical problems, we can contact you as early as possible to make special arrangements!)

E-Mail Address: _____

Store Hours: _____ Receiving Hours (if different) _____

Sometimes special arrangements have to be made for an early or late delivery, because of bad weather, mechanical problems, or seasonal times of year. Please circle or fill in options we would have, in case this would happen. A call in advance is always made before delivery during odd hours.

Options: 1) Leave Plants in Van, 2) Hide a Key, 3) Go to a Neighbor, 4) Set Plants on Porch

Other: _____

Short, Easy Directions (w/Landmarks) from the Closest Major Highway or Interstate
(Include all Ship to Locations Please!!)



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OFFICE USE ONLY

SALES TAX EXEMPTION CERTIFICATE MULTI-JURISDICTION

Date: _____

ISSUED TO: JoAnn's Greenhouses, Inc., 14607 State Hwy. B, Perryville, MO 63775
Phone: (573) 788-2231 or (800) 333-0295 Fax: (573) 788-2233

I CERTIFY THAT:

(Firm Name) _____ (Phone)

(Street) _____ (Fax)

(City, State, Zip)

Is engaged as a registered: _____ and is registered with the below listed states/cities
(Wholesaler, Retailer, Manufacturer, Lesser, Other)

within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing or renting. ***WE MUST HAVE COPY OF STATE TAX EXEMPT FORM***

Business located in _____ County, State of _____ State Tax Exemption # _____

Product/Services rendered: _____

I further certify that if any property so purchased tax free is used or consumed by this firm as to make it subject to a Sales or Use Tax, we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order, which we may here after give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature of Owner, Partner or Officer Title Date

TRADE REFERENCES: (For the purpose of doing business, NOT ESTABLISHING CREDIT):

Name: _____ Address: _____ Phone Number: _____
Fax number: _____

Name: _____ Address: _____ Phone Number: _____
Fax number: _____

Name: _____ Address: _____ Phone Number: _____
Fax number: _____

IF POSSIBLE, ATTACH A COPY OF THE DRIVER'S LICENSE OF THE PERSON RESPONSIBLE FOR WRITING CHECKS. IF NOT AVAILABLE, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name of person responsible for writing checks _____ Social Security # _____

Driver's License # _____ State _____ Race _____ Sex M/F _____ Eye Color _____

Height _____ Weight _____ Hair Color _____ Age _____ Date of Birth _____

Home Residence _____ Home Phone Number _____

Alternative name & phone# of person acquainted with account _____

Banking Institution _____ Address _____ Phone Number _____



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Communication Consent Form Please Respond A.S.A.P

Dear Customer,

The FCC has instituted regulations which prevent us from faxing you availabilities, price lists, or any other kind of "advertising" without your express written consent. We will not be able to fax you this information without your signature on file.

We ask that you please fill out the information below, sign and fax this form back to us just as quickly as possible so there is no disruption in your receiving this information.

Your timely response is appreciated.

Sincerely,

Management
JoAnn's Greenhouses, Inc.

Date: _____

Contact Name: _____

Company: _____

Address: _____

Phone #: _____

Fax #: _____

E-mail: _____

Please check how you would like to receive your information:

- Fax
- Mail
- E-mail

Please check how often you would like to receive your information:

- Weekly
- Bi-monthly
- Monthly
- Seasonal _____

Yes, you have my permission to fax plant inventories, price lists, or other advertisements.

Signature

Please Print Name