

Client Information Sheet



Sales Representative: _____

Please Check One: ☐ Individual ☐ Partnership ☐ Corporation Date: _____

Business Name: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

If a Golf or Country Club, is it member Owned? ☐ Yes ☐ No

Sales Tax Rate: _____

Sales Tax Exempt? ☐ Yes ☐ No Tax Exempt #: _____ (If sales tax exempt, please attach exemption form)

Delivery Address: _____

County: _____ Within City Limits? ☐ Yes ☐ No

Within Police Jurisdiction? ☐ Yes ☐ No If YES, What Jurisdiction: _____

Other : ☐ Yes ☐ No If YES, explain Police Jurisdiction, Empire Zone, etc.: _____

Are you a MUNICIPALITY or owned by a MUNICIPALITY? ☐ Yes ☐ No

General Information:

Type of Business: _____ Years in Business: _____ Years at Present Location: _____

Name of Owners or Officers:

Name: _____ Address: _____

Name: _____ Address: _____

By signing below, I certify to the best of my knowledge the accuracy of the information provided herein and agree to notify Harrell's, LLC. of any changes in this information. I understand that Harrell's General Terms and Conditions of Sale, as they may be amended from time-to-time, (the "Terms and Conditions") are incorporated herein by reference as if fully set forth herein. The Terms and Conditions can be located on Harrell's website. In the event of a direct conflict between a specific term of this Application and the Terms and Conditions, the specific term of this Agreement shall prevail.

Authorized Signature: _____ Print Name: _____

Title: _____

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