



Multi L.E.A.F. Program Application

Please turn completed forms in at any register or submit via e-mail to customercare@ujpf.com

Company Information

Company / Organization:

dba:

Organization Type / Activity:
i.e. Landscape Contractor, Florist, Church, School, etc.

Applicant / Contact Name: Application Date:

Tax ID Number (TIN / FEIN): Date of Incorporation:

Sole Proprietorship Partnership Corporation S-Corp LLC Other

Contact Information

Street Address:

City: State: Zip:

Phone: Fax:

Website: E-mail:

Tax Exempt Information

To be considered for tax exempt status, state law requires a FULLY COMPLETED Tax Exemption Certificate. Please include completed certificate with application submittal if requesting tax exempt status. For more information on tax exemption requirements and obligations, please visit www.tax.ohio.gov or consult your local taxing authority.

Requesting Tax Exempt Status: Y / N Vendor's License Number:

Authorized Purchasing

Up to three authorized users may be added to your account. Identification will be required for all transactions.

Authorized User 1:

Authorized User 2:

Authorized User 3:

Office Use Only

Date Entered: _____ Entered By: _____ Status: Approved / Denied Auth. By: _____ Tax Exempt: Y / N Discount: Y / N Customer Number: _____