

**Eagle Gardens, LLC.
Wholesale Registration
Year – 2018
(970) 390-1606**

Company Name: _____

Email: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Fax: _____

Taxable ____ Yes ____ No

Business License # _____ (send photocopy)

Employees authorized to purchase:

Please mail this form back to: **Eagle Gardens, LLC.
PO Box 431
Eagle, CO 81631**

Or fax: 970-524-9935