

An Employee Owned Company

COMMERCIAL ACCOUNT APPLICATION

Account Name:					
(Must match Cannabis Cultivation License)					
Business Address:					
Street	City	State	Zip		
Phone:	;				
Primary					
Secondary					
Email:					
Other Authorized Users on Account:					
1. Name:					
2. Name:					
3. Name:					
4. Name:	 				
5. Name:	· · · · · · · · · · · · · · · · · · ·				
 Contact Management to change/remove aut 	horized users from ac	count.			
Which Store is your Primary Location?:					
	Villow Creek	Medford	Canyonville		
Do you have a Pesticide Applicator's License? If so, please attach a copy.	YesNo				
All Applicants must attach the following documents with the fall to provide copies of the following documents with the fall to provide copies of the following documents with the fall to provide copies of the following documents with the fall to provide copies of the following documents with the fall to provide copies of the following documents with the fall to provide copies of the fall to pro		mmercial account.)			
• Business License					
• Cannabis Cultivation License					

Optional Documents to attach:

• Pesticide Applicator License

, T	rovide the following applicable info:
	YesNoN/A
	Name:
Wahsita	
website.	
Instagram: _	_YesNoN/A
Username:	
Agreemen	f•
and complet may be grou result in the legal fees/co the understa	below, I certify that the information provided on this application is true, accurate. I understand that any false statements or deliberate omissions from this documents for immediate disqualification/termination of the customer agreement and pursuit of civil/legal recourse; in which I agree to be financially responsible fourt fees that may arise from such action. This information has been furnished anding that it is to be used to determine if the customer is legally eligible for a account with Dazey's Inc.
Applicant N	ame (print):
Signature: _	Date:
Signature: _	Date: bmit an application by one of the following methods:
Signature: _	Date:
Signature: _	Date: bmit an application by one of the following methods:
Signature: _	bmit an application by one of the following methods: Mail: P.O. Box 1940 Redway, CA 95560 Drop off: 3082 Redwood Drive Redway, CA 95560
Signature: _ Please su	bmit an application by one of the following methods: Mail: P.O. Box 1940 Redway, CA 95560 Drop off: 3082 Redwood Drive Redway, CA 95560 Email: info@dazeys.com
Signature: _ Please su	bmit an application by one of the following methods: Mail: P.O. Box 1940 Redway, CA 95560 Drop off: 3082 Redwood Drive Redway, CA 95560 Email: info@dazeys.com
Signature: _ Please su Managemen : Business License Cannabis Cultivat	bmit an application by one of the following methods: Mail: P.O. Box 1940 Redway, CA 95560 Drop off: 3082 Redwood Drive Redway, CA 95560 Email: info@dazeys.com

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