



**STATE OF CALIFORNIA
PLANT HEALTH AND PEST PREVENTION SERVICES
CITRUS PEST AND DISEASE PREVENTION
NEW CUSTOMER INFORMATION SHEET**

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| REGISTRATION NUMBER (for office use only): | |
| COUNTY OF OPERATION: | |
| COMPANY NAME: | |
| FEDERAL TAX ID/SOCIAL SECURITY #: | |
| OWNER/MANAGER NAME: | ACCOUNTS PAYABLE CONTACT NAME: |
| BUSINESS ADDRESS (DO NOT USE PO BOX): | |
| | |
| MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS): | |
| | |
| BUSINESS PHONE: | FAX NUMBER: |
| CONTACT CELL PHONE (Optional): | E-MAIL ADDRESS: |
| IF YOU WOULD LIKE TO RECEIVE FORMS & OTHER PROGRAM CORRESPONDENCE VIA EMAIL, PLEASE CHECK THIS BOX: <input type="checkbox"/> | |
| ADDITIONAL COMMENTS: | |

**Please complete and mail to:
Department of Food and Agriculture
Plant Health and Pest Prevention Services
1220 N Street
Sacramento, CA 95814**

**Or fax to
(916) 651-2900
Attn: Ryan Fong**