



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

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: Scosha Wright**