FOR OFFICE USE ONLY

Certificate No._____

Year___

State of New Jersey DEPARTMENT OF AGRICULTURE TRENTON, N.J. 08625

DIVISION OF PLANT INDUSTRY

JOSEPH W. ZOLTOWSKI, DIRECTOR

Date:

ADDRESS

DEALER'S AGREEMENT

(ALL DEALERS ARE REQUIRED TO SUBSCRIBE TO THE FOLLOWING AS A CONDITION PRECEDENT TO RECEIVING A CERTIFICATE. THEY ARE ENTITLED TO SUBMIT AS LARGE A LIST AS THEY PLEASE, BUT WILL BE HELD CLOSELY TO THEIR AGREEMENT.)

I hereby agree that I will purchase nursery stock for resale from the following firms only, such firms having been approved by the New Jersey Department of Agriculture:

NAME

It is understood, however, that this list may be added to by the consent of this said Department. I further agree to receive no stock which is not accompanied by an official certificate of inspection and to distribute no stock which has not been inspected.

PROPRIETOR (Please Print)	WITNESS:
SIGNATURE	SIGNATURE
FIRM NAME (Please Print)	ADDRESS
ADDRESS (Please Print)	PLEASE RETURN TO:
	DIVISION OF PLANT INDUSTRY
CITY ZIP CODE COUNTY	TY TRENTON, NJ 08625-0330
	TEL. NO. (609) 406-6939
TELEPHONE NUMBER	
EMAIL ADDRESS	_
Please give the location address of your property if this is a new dealership	