



FOR OFFICE USE ONLY
Certificate No. _____
Year _____

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

DIVISION OF PLANT INDUSTRY

CARL P. SCHULZE, JR., DIRECTOR

Date: \_\_\_\_\_

**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**

**ADDRESS**

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)

\_\_\_\_\_ SIGNATURE

\_\_\_\_\_ FIRM NAME (Please Print)

\_\_\_\_\_ ADDRESS (Please Print)

CITY      ZIP CODE      COUNTY

\_\_\_\_\_ TELEPHONE NUMBER

\_\_\_\_\_ Social Security # / Federal ID #

WITNESS:

\_\_\_\_\_ Signature

\_\_\_\_\_ Address

PLEASE RETURN TO:  
DIVISION OF PLANT INDUSTRY  
PO BOX 330  
TRENTON, NJ 08625-0330  
TEL. NO. (609) 292-5442  
FAX. NO. (609) 292-4710

Please give the location address \_\_\_\_\_  
of your property if this is a new \_\_\_\_\_  
dealership \_\_\_\_\_