



FLORIST & GREENHOUSE

187 Main Street, Rte 2A Colchester, VT 05446
Tel: 802/ 878- 2361 Fax: 878- 4952
www.claussens.com

ACCOUNT #

BUSINESS INFORMATION FORM

Business Name: _____

Billing Address: _____
_____ **State** ____ **Zip** _____

General Phone: _____ **General Fax:** _____

Delivery Address: _____ **State:** _____

Accounts Payable (A/P) Contact: _____

A/P Phone: _____ **A/P Fax:** _____

A/P Email: _____

Tax Exempt Number (If applicable): _____ *(Form required)*

Website address: _____

Credit References

1) Name: _____ **Phone:** _____

Address: _____ **Fax:** _____

2) Name: _____ **Phone:** _____

Address: _____ **Fax:** _____

Our credit dept. will contact you if a credit card is required for terms

We Understand and Agree to the following:

Our account terms (if approved) with Claussen's Enterprises are Net 15 days from the date of each Invoice.

A 2% Finance Charge will be due and payable on any unpaid balance after 20 days.

Terms will be suspended on any account over 45 days old until paid in full.

A \$25.00 Fee will be due and payable per returned check per incident.

In the event of collection, we (the charge customer) are responsible for all collection costs including, but not limited to reasonable attorney fees.

Authorized Signature: _____ **Title:** _____

Name Printed: _____ **Date:** ____/____/____