



FLORIST & GREENHOUSE

187 Main Street, Rte 2A  
Colchester, VT 05446

802/ 878- 2361 or 800/ 287- 2361

Office Fax 802/ 878- 4952 [www.claussens.com](http://www.claussens.com)

ACCT: \_\_\_\_\_

**WHOLESALE CUSTOMER APPLICATION**

Business Name \_\_\_\_\_

Billing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Delivery Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_  
*(If different)*

**Purchaser Contact** \_\_\_\_\_ Tel: \_\_\_\_\_

Purchaser Email \_\_\_\_\_ Fax: \_\_\_\_\_

Would you like a weekly sales call? \_\_\_\_\_ May we email requested price lists to you? \_\_\_\_\_

Ownership / Principals: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

Year Business Established \_\_\_\_\_ Number of Employees \_\_\_\_\_ Purchase Orders Required? \_\_\_\_\_

Web Address \_\_\_\_\_ Business Type: \_\_\_\_\_

**Accounts Payable (A/P) Contact** \_\_\_\_\_ A/P Tel: \_\_\_\_\_

A/P Email \_\_\_\_\_ A/P Fax \_\_\_\_\_

May we email billing correspondence to you? \_\_\_\_\_ *(We do not sell or share addresses!)*

**\*\*\* Three Credit References are required \*\*\***

**BUSINESS NAME** \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**BUSINESS NAME** \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**BUSINESS NAME** \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

If seasonal, what months are you closed? \_\_\_\_\_

***Please check all seasonal products that you may be interested in:***

Bedding Annuals \_\_\_\_\_ Vegetables/Herbs \_\_\_\_\_ Annual Hanging baskets \_\_\_\_\_

Bulb Plants \_\_\_\_\_ Easter Lilies \_\_\_\_\_ Mother's Day \_\_\_\_\_ Perennials \_\_\_\_\_

Chrysanthemums \_\_\_\_\_ Poinsettias \_\_\_\_\_ Valentine's Day \_\_\_\_\_

Foliage \_\_\_\_\_ Plant Rentals \_\_\_\_\_

**We understand and agree to the following criteria:**

\* A valid credit card is required to be on file for all wholesale customers.

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_ / \_\_\_\_

Name as it appears on the card \_\_\_\_\_

*(We accept MC, VISA, American Express and Discover)*

\* I understand the policy that authorizes Claussen Enterprises to add a 2% convenience fee to all wholesale invoices that I choose to pay with a credit card. If I no longer wish to incur this charge, I will inform Claussen Enterprises in writing of my request to cancel my right to pay via credit card.

\* All purchases from Claussen's Enterprises must be *resold* to be eligible for wholesale pricing and tax exemption.

\* A Tax exempt form must be completed for all eligible VT and NY customers.

\* Initial first order must be a minimum of \$300.00.

\* All new customers are COD.

\* Payment options are Cash, Check, Credit Card, Money Order or Bank Check.

\* There is an initial \$30.00 returned check fee for 1<sup>st</sup> offense. There is a \$50.00 returned check fee due and payable on any additional returned checks.

\* You may contact our business office after 6 months and a minimum of 8 orders to apply for Net 30 terms.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_ Title: \_\_\_\_\_

Please fill out all forms completely and legibly to expedite processing.

Allow 5-7 business days to review and authorize your account.

Incomplete forms will be returned and may result in an order/delivery delay.