



Florist, Greenhouse & Perennial Farm
187 Main Street, Rte 2A, Colchester, VT 0544
802/ 878- 2361 or 800/ 287- 2361 Office Fax 802/ 878- 4952
www.claussens.com

ACCT: _____

Wholesale Customer Information Form

Business Name _____

Billing Address _____ Town _____ State ____ Zip _____

Delivery Address _____ Town _____ State ____
(If different)

Ownership / Principals: _____ Title: _____

_____ Title: _____

Year Business Established _____ Number of Employees _____ Purchase Orders Required? _____

Web Address _____ Business Type: _____

Purchaser Contact _____ Tel: _____

Purchaser Email _____ Fax: _____

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

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 Trade 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 _____

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 _____

If seasonal, what months are you closed? _____

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)

The credit card will be considered as a back up for unreasonably past due balance equaling 60+ days.

* *I understand the policy that authorizes Claussen Enterprises to add a 2% convenience fee to all wholesale invoices or statements 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 1st 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