



CONFIDENTIAL CLIENT INFORMATION

Please complete our Client Information form completely. This information is strictly confidential and is used only to identify our clients. Having complete information for our clients allows us to serve you better.

Date: _____

Legal name of business: _____

Address: _____

City, State, & Zip: _____

Telephone: _____ Fax: _____

ORGANIZATION:

Sole Proprietorship: _____ Partnership _____ Corporation _____

Under the laws of the state of _____ date of establishment _____

OWNERS, PARTNERS, OFFICERS, and/or STOCKHOLDERS:

1) _____
 Name Address City State, Zip

Phone: (____) _____ Email: _____

2) _____
 Name Address City State, Zip

Phone: (____) _____ Email: _____

Type of Business: _____ Years: _____

Annual Sales Volume: _____ Federal ID #: _____ Social Security #: _____

Persons Authorized to purchase materials:

Special instructions when purchasing material:

Purchase order number needed: Yes No Job number: Yes No

You will receive your invoice at time of delivery or pickup.
 Please let us know if you need a copy of the signed invoice emailed or faxed to your office.

Trade Reference:

 Name

 Address

 City State Zip Code
 _____ / _____
 Phone Fax

Bank Reference:

 Name / Contact Person
 _____ / _____
 Address Acct. #

 City State Zip Code
 _____ / _____
 Phone Fax



CREDIT APPLICATION

Please complete our Credit application completely and carefully. All telephone and fax numbers and addresses must be filled in completely. Failure to do so may delay our ordering process. We prefer to contact references in writing.

Trade References:(Please fill out all information requested)

 Name

 Address

_____/_____/_____
 City State Zip

 Fax and E-mail

 Name

 Address

_____/_____/_____
 City State Zip

 Fax and E-mail

 Name

 Address

_____/_____/_____
 City State Zip

 Fax and E-mail

 Name

 Address

_____/_____/_____
 City State Zip

 Fax and E-mail

Bank Reference:

Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact Person: _____

Bank Account #: _____

Amount of Credit desired: _____ Terms requested: _____

A 2% Service charge will be accrued per month for Past due balances.

Payment Guarantee

In consideration of the extension of credit granted by Ron Clesen's Ornamental Plants, Inc., to _____ I (we) hereby jointly and severally unconditionally guarantee payment of whatever amount shall at any time be owing to R.C.O.P. ,Inc., on account of goods hereafter delivered, whether said indebtedness be in the form of notes, bills or open account. The undersigned additional jointly and severally unconditionally guarantees payment of any interest due and all costs of collection, including but not limited to, court costs and responsible attorney fees.

I (we) certify that all the information of this form is true and correct.

 SIGNATURE & TITLE-----Must be company officer.



RON CLESEN'S
ORNAMENTAL PLANTS, INC.
Maple Park

45W464 Ramm Road | Maple Park, Illinois 60151
ph 630.365.6244 fax 630.365.5255
www.rcopinc.com

RELEASE OF CREDIT INFORMATION

Business Name: _____

Business Address: _____

Contact: _____

By signing this Release of Credit Information, I agree to allow Ron Clesen's Ornamental Plants, Inc. to obtain and to supply credit information on myself and my company from credit bureaus and trade references.

Authorized Signature

Print Name