



**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

**Trade Reference:**

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_ / \_\_\_\_\_

Phone

Fax

**Bank Reference:**

\_\_\_\_\_ / \_\_\_\_\_

Name

Contact Person

\_\_\_\_\_ / \_\_\_\_\_

Address

Acct. #

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_ / \_\_\_\_\_

Phone

Fax



**CONFIDENTIAL CLIENT INFORMATION cont.**

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.

Ap Contact:	Additional emails for invoicing or statements:
_____	_____
Name	Email
_____	_____
Phone	Email
_____	_____
Email	

**CERTIFICATE OF RESALE**

If you are entitled to sales tax exemption, please complete the certificate below.  
 If you are taxable, complete the certificate, writing "TAXABLE" in the space for the tax number.

To: Ron Clesen's Ornamental Plants, Inc.  
 Name of Vendor

The undersigned hereby certifies that all tangible personal property hereafter purchased by him is for purchase of resale, and assumes liability for payments of Retailer's Occupation Tax, Service Occupation Tax or Use Tax with respect to receipts from the resale of this property to users or consumers.

This certificate shall be considered a part of each order which we shall give, unless such order otherwise specifies.

Purchasers Business Name: \_\_\_\_\_

Address of Purchaser: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Purchaser: \_\_\_\_\_  
 (Or Authorized Agent)

Certificate of Registration Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_  
 (Resale Tax Number)

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



**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](http://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