



"Growers & Brokers of the Finest Potted Plants"

34W240 South Drive | South Elgin, IL 60177-2502 | Phone 847.695.1500

Dear Valued Customer:

Enclosed please find the following documents: Application for Credit, Personal Guaranty, and Certificate of Resale. Please complete the above mentioned forms in their entirety and return to:

Clesen Brothers, Inc.
34W240 South Dr
South Elgin, IL. 60177
Attn: Michelle

Faxed applications are not acceptable. We apologize for any inconvenience, but it is necessary for us to have the original information on file. If you do not wish to maintain your existing credit line, contact me to make other arrangements.

Thank you for your cooperation. We greatly appreciate your interest in our company and if you have any questions, do not hesitate to contact me at (847) 695-1500.

Sincerely,

Michelle Soto
Credit Manager



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APPLICATION FOR CREDIT

Name of Firm or Individual (Customer) _____ Date _____

Business Address _____ Phone Number _____

City, State, Zip _____ Fax Number _____

Under Current Ownership Since _____ Buyer Name _____ Line of Credit Requested _____ Do You Own or Rent Your Building? _____

Accounts Payable Contact _____ Type of Business and Products Sold _____ Email Address _____

How Did You Hear About Our Company? _____

Trade References: List 4 references that you currently have credit with (preferably floral related suppliers)

Name	Address	Phone Number	Fax Number

Ownership: _____ Corporation _____ Partnership _____ Sole Proprietorship

Owner: _____

Name	Title	Social Security Number
Home Address	City	Home Phone

Owner: _____

Name	Title	Social Security Number
Home Address	City	Home Phone

Bank Reference: Bank Name _____ City _____

Address	Account #	Phone #	Contact



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Has the firm or any of its owners ever filed for Bankruptcy? (Y/N) _____ What year? _____ If so, explain: _____

Terms Are Net 15 Days End of Month. A \$25.00 charge will be assessed for any check returned for non-sufficient funds. Any invoice over 30 days old will be assessed a service charge of 1 1/2% monthly (18% annually). All pages of this application must be completed in full to be considered for a credit line. All information will be held in strict confidence. Applicant agrees to pay any collection costs incurred to collect the unpaid balance, including interest on the unpaid balance as allowed by state law and any reasonable attorney's fees incurred. The court of venue for any action concerning this agreement or any purchase made on this account shall be in the Circuit Court of Kane County, IL or in the United States District Court, Northern District. We require notification, by certified mail, of any changes in ownership of your company.

The undersigned, as an inducement to grant credit, warrants that the information submitted is true and correct. I authorize our bank and credit references to release any information necessary to assist Clesen Midwest, Inc. in establishing a line of credit.

Company Name _____ Title _____

Signature _____ Print Name _____ Date _____

PERSONAL GUARANTY

The guarantor represents and certifies that he or she is the beneficial owner of a direct or indirect interest in the business applying for credit and that the guarantor will receive a direct or material benefit from the proceeds of any of the debt. The undersigned guarantor hereby absolutely, unconditionally and personally guarantees to creditor the prompt payment of the debt and any other charges set forth herein. This includes all debt incurred before the date of the application and signing of this personal guaranty. In the event of default by the customer in payment of the debt or any part thereof, guarantor shall, on demand without any notice having been given to guarantor previous to such demand, pay the amount due thereon to creditor. It shall not be necessary for creditor, in order to enforce such payment by guarantor, first to institute suit or exhaust all remedies against customer or others liable on such indebtedness.

In the event it becomes necessary to assign the account balance to a licensed collection agency or attorney for legal action, guarantor as well as customer shall be liable and agrees to pay all collection charges, attorney's fees and service charges. Customer and guarantor acknowledge and unconditionally agree that should it become necessary for creditor to file suit to collect any delinquent monies due, that suit may be commenced in the Circuit Court of Kane County, IL or in the United States District Court, Northern District.

I certify that all the information on this form is true and correct and that I fully understand the foregoing terms and agree to the proper payment in consideration of extended credit.

MUST BE SIGNED BY AN OWNER, PARTNER OR OFFICER

Guarantor's Name (Please Print) _____ Guarantor's Signature _____ Date _____

Guarantor's Address, City and State _____ Guarantor's Social Security Number _____

Approved/Refused By _____ Date _____ Limit _____ SM # _____ Cust. # _____



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CERTIFICATE OF RESALE

In order to comply with the state and local sales tax law requirements, it is necessary that we have a properly executed exemption certificate from all of our customers who claim sales tax exemption. If we do not have this certificate, we are obligated to collect the tax for the state in which the property is delivered.

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

The undersigned hereby certifies that all tangible personal property hereafter purchased by him is for purposes of resale, and assumes liability for payment of Retailers' 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, unless such order otherwise specifies.

Date _____

Purchaser's Business Name _____

Address of Purchaser _____

City _____ State _____ Zip Code _____

Phone Number _____

Signature of Purchaser _____
(Or Authorized Agent)

Certificate of Registration Number _____
(Resale Tax Number)