

Please provide copy of Resale Tax Permit

COMPANY NAME: _____

DIVISION OF _____

COMPANY ADDRESS: _____

EMAIL ADDRESS _____

CITY: _____

STATE: _____ ZIP: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ BUSINESS PHONE: _____ FAX: _____

ACCOUNTS PAYABLE CONTACT: _____

PHONE: _____

FORM OF BUSINESS: CORPORATION PARTNERSHIP SOLE PROPRIETOR OTHER

NAMES OF OWNERS OR AUTHORIZED OFFICERS:

NAME: _____

TITLE: _____

ADDRESS: _____ CITY: _____ ST: _____

ZIP: _____ CELL PHONE: _____ HOME PHONE: _____

FAX: _____

EMAIL ADDRESS: _____

DRIVERS LICENSE NUMBER _____ EXPIRATION DATE: _____ ST: _____

NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____ ST: _____

ZIP: _____ CELL PHONE: _____ HOME PHONE: _____

FAX: _____

EMAIL ADDRESS: _____

DRIVERS LICENSE NUMBER _____ EXPIRATION DATE: _____ ST: _____

NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____ ST: _____

ZIP: _____ CELL PHONE: _____ HOME PHONE: _____

FAX: _____

EMAIL ADDRESS: _____

DRIVERS LICENSE NUMBER _____ EXPIRATION DATE: _____ ST: _____

CLAIMS POLICY

The customer must notify their sales representative of any problems with flowers and/or merchandise within twenty-four (24) hours of receipt of merchandise to obtain authorization for claim/return. No returns will be accepted without authorization. Please provide the following information during the conversation:

- Invoice Number
- Exact problem with flowers or merchandise

- Notice: Any and all NSF checks returned to River Valley Floral will carry a \$35.00 service charge.
- No Exceptions!

DECLARATION

I/We hereby certify that I/We either hold or am the authorized representative(s) or the holder(s) of Arkansas Sales/Use Tax Permit Number _____, or that I/we am a nonresident purchaser or the authorized representative(s) thereof and hold a similar permit issued by the State of _____, Number _____; that this is a current and valid permit number; and that I/We regularly engage in the business of reselling the tangible personal property that I/We purchase from River Valley Floral. I further certify that if any tangible personal property purchased exempt under this certificate is withdrawn from stock or otherwise used and not resold, that I/We will report the tax due under Arkansas Sales/Use Tax Law and Regulations.

Signature _____

Title _____

Date _____

Signature _____

Title _____

Date _____

PERSONAL GUARANTEE

I/We or either of us will individually and/or jointly guarantee full and prompt payment of all indebtedness by

(Firm Name) _____

_____ incurred for merchandise furnished by River Valley Floral plus finance charges and collection costs, if incurred. Such guarantee shall remain in force until its revocation is acknowledged in writing to River Valley Floral. Such revocation shall not affect indebtedness incurred prior to receipt of written notice (return receipt mail).

Individual _____

Signature, Title, Social Security No. _____ Date _____

Individual _____

Signature Title Social Security No. _____ Date _____