American Florist Supply, Inc., dba Bay State Farm Direct Flowers

One Progress Way
Wilmington, MA 01887
978-658-2400
sales@baystateflowers.com

Customer Account Application and Agreement

Legal Business Name: _____

___ Corporation ___ Sole Proprietorship ___ Partnership ___ Non-Profit

Owner: _____ Owners Title: _____

Address: _____ Date Established: _____

_____ State of Incorp: _____

City: _____ State: _____ Zip Code: _____ Federal Tax ID#: _____

Phone: _____ Mobile Phone: _____

Email: _____

Home address if different from above: _____

_____

Buying from which location? ___ Wilmington MA ___ Bedford NH ___ Cranston RI ___ East Patchogue NY

Payment is due at the time of transaction. Personal checks are not accepted within 90 days of application.

Preferred Payment Method: ___ Cash ___ Company Check ___ Credit Card ___ Debit Card

(Please read and sign disclosure below.)

By signing this customer agreement, the individual executing this application represents and warrants to Bay State that:

- The information provided in this application is accurate and complete;
- An accurately completed Resale Tax Certificate and copy of State Resale License are included if required;
- All purchases from Bay State are for commercial and/or resale purposes only;
- Payment is due at the time of transaction unless an officer of Bay State authorizes an exception;
- Consent is given to Bay State to receive advertising and marketing materials;
- All claims and/or credit requests must be made within 24 hours of receipt. If the product is not returned, photos detailing the issue must be provided within 24 hours and acknowledged by a salesperson or officer of Bay State;
- All NSF checks will incur a fee of $40.00 per incident and need to be repaid within 10 days of occurrence;
- All unpaid balances will incur an annual interest rate of no less than 1.5% per month and 18% per annum;
- In the case of non-payment, all finance charges, collection, and attorney fees will be paid by the customer;
- Customer agrees to submit to the personal jurisdiction and the laws of the state of Massachusetts as well as the personal jurisdiction of any state which Bay State is able to and chooses to initiate legal action;
- There is clear understanding and unconditional agreement without protest to all of the terms detailed above.

Applicant Signature: _____ Applicant Title: _____

Applicant Name (Print) _____ Date: _____

Please include a completed State Resale Tax Certificate and copy of your State Business License.

STATE OF RHODE ISLAND
DEPARTMENT OF REVENUE
DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908-5800

SALES AND USE TAX
WHOLESALER'S - RESALE CERTIFICATE

I HEREBY CERTIFY under penalties of perjury that I am engaged in the business of selling

_____

AT WHOLESALE ONLY; and the tangible property described herein which I shall purchase from:

_____

will be resold by me in the form of tangible personal property; provided, however, that in the event any such property is used for any purpose other than retention, demonstration or display while holding it for sale in the regular course of business, it is understood that I am required by the Rhode Island Sales and Use Tax Act to report and pay tax, measured by the purchase price of such property.

Description of property to be purchased:

_____

_____

_____

_____

NAME OF PURCHASER			
TITLE	TELEPHONE NUMBER		
STREET			
CITY OR TOWN	STATE	ZIP CODE	
SIGNATURE		DATE	