# 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.**

Vermont Sales Tax Exemption Certificate
for

# PURCHASES FOR RESALE, BY EXEMPT ORGANIZATIONS, AND BY DIRECT PAY PERMIT

32 V.S.A. § 9701(5); § 9743(1)-(3); § 9745

**Form S-3**

To be filed with the ***SELLER,*** not with the Vermont Department of Taxes.

☐ Single Purchase - Enter Purchase Price $ _____

☐ Multiple Purchase (effective for subsequent purchases.)

## BUYER

| Buyer's Name | | Federal ID Number |
|---|---|---|
| Trading as | | Telephone Number |
| Address | | |
| City | State | ZIP Code |
| Buyer's Primary Business | | |

## SELLER

| Seller's Name | | |
|---|---|---|
| Address | | |
| City | State | ZIP Code |

## EXEMPTION CLAIMED

**DESCRIPTION.** Description of purchased articles

**BASIS FOR EXEMPTION**

☐ For resale/wholesale . . . . . Vermont Sales & Use Tax Account Number: _____

☐ Purchase by 501(c)(3) organization . . . . . Vermont Account Number: _____

☐ Direct payment by federal or Vermont governmental unit

☐ Direct Pay Permit . . . . . Permit #: _____

☐ Purchases by 501(c)5 organization presenting fairs, field days, or festivals. . . . Events: _____

. . . . . Dates: _____

. . . . . Vermont Sales & Use Tax Account Number: _____

☐ Purchase by volunteer fire department, ambulance company, rescue squad. (Registration is not required.)

## SIGNATURE

I certify that I have read and complied with the instructions provided with respect to the use of this Exemption Certificate. I further certify that the above statements are true, complete, and correct, and that no material information has been omitted.

Signature of Buyer or Authorized Agent | Title | Date

This form may be photocopied.