



Sales Tax Exempt Form

Per Michigan Department of Treasury Sales and Use Tax regulations we must obtain this completed tax exemption certificate from you. Without this we are not allowed to sell you product.

Please complete the portion below

The purchaser hereby claims exception on the purchase of tangible personal property and selected services made under this certificate. This certificate does not expire but must be updated by applicant if any information changes.

The items covered under this certificate include: Fresh flowers and foliage, plants, floral supplies and miscellaneous floral services sold or provided by ROKAY FLORAL.

Company Name _____

Address _____

City _____ State _____ Zip Code _____

I hereby certify that I am exempt from the payment of sales tax on the products and services sold by Rokay Floral because (Please complete A, B, or C.)

A. _____ The product will be used in the production of another finished product.

B. _____ The product will be resold by me. I collect and remit sales Tax to the State.

B1. My sales tax license number is _____

C. _____ Non-profit organization exempt from state sales tax

C1. Exemption number _____ State Granted _____

I declare under penalty of perjury that the information on this certificate is true, and that I have exercised reasonable care in assuming that my claim of exemption is valid under Michigan Law. In the event that this claim is disallowed, I accept full responsibility for payment of tax, penalty, and accrued interest, including, if necessary, reimbursement to the vendor (Rokay Floral) for tax and accrued interest. This certificate shall never expire.

Signature _____

Title _____

Date _____

Telephone: Plymouth (734) 416-1300 Battle Creek (269) 962-8527

Web: www.rokayfloral.com

Email: rob@rokayfloral.com

ROKAYFLORAL

WHOLESALE CUT FLOWERS



Business Name _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ Email _____

Federal tax I.D. Number _____

Ownership: (select one) ☐ Corporation _____ ☐ Partnership _____ ☐ Sole Proprietorship _____

Principal(s): Name	Title	Address	Social Security #	Drivers License #
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Person to contact regarding this account: _____

Trade References

Name	City/State	Phone
_____	_____	_____
_____	_____	_____

Bank Reference:

Type	Bank Name	Account#	Contact	Phone
Checking	_____	_____	_____	_____

ALL New accounts are COD for at least 6 months

1. In the event a charge account is given, Balance is due NET 15 day's end of month. 1-1/2% per month charged on all balances past due. You must sign application.
2. In the event a charge account is given, we require a valid Credit card on file with authorization to use if balance becomes delinquent.
3. Any quality problems must be reported to your salesperson within 24 hours of receipt – No exceptions. Pictures will be required and return of product may be necessary also.

Personal Guarantee:

In consideration of credit being extended by Rokay Floral to the above named applicant(s) for merchandise purchased whether applicant be an individual(s), a proprietorship, a corporation, or any other entity, the undersigned guarantor or guarantors each hereby contract and personally guarantee to Rokay Floral, the faithful payment, when due, of all accounts of said applicant for the purchases made by said applicant. If account becomes delinquent, I understand that Rokay Floral will charge interest at the maximum rate allowed by law. Also, I (we) understand that should it be necessary for Rokay Floral to utilize a collection agency or other legal remedy to collect this debt, I (we) will be charged for all collection related expenses plus an additional 20% of the entire balance.

Signature(s)	Printed name	Date
_____, an individual	_____	_____

_____, an individual	_____	Date
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Credit Card Authorization- Must be completed with every new customer 1/1/2019.

Please check at least one option

_____ Recurring Charge- I authorize regularly scheduled charges to my credit card at or near the time of each purchase from Rokay Floral. A receipt will be provided upon request and the charge will appear on your billing statement as Rokay Floral. I agree no pre-notification will be provided. This is my preferred method of payment. I authorize Rokay Floral to charge each of purchases to my credit card below until my credit card expires at which time I will provide a new credit card or will no longer be allowed to purchase from Rokay Floral.

_____ Delinquent Charge- I authorize Rokay Floral to charge my credit at any point I become past due. I understand Rokay Floral provides terms to qualified accounts at Net/15 end of month. If I become past due on any purchases Rokay Floral has my permission to charge the card below to satisfy ALL obligations.

By signing the form and indicating one or both options above, I am giving Rokay Floral permission to satisfy the debt created by purchasing goods and services by me or my designated agent(s).

Credit Card Information : Visa_____ Mastercard_____ Discover_____ Amex_____

Card Number _____

Security Code _____

Expiration _____

Billing Address _____

Billing Zip _____

Signature _____

Date _____

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