

Closeout Uniforms



FIRST TIME APPLICATION-CUSTOMER INFORMATION

Date ___ / ___ / ___

Check one: ___ Corporation (Incorporated in the State of ___), ___ Partnership, ___ Proprietorship

Company Name: _____ DBA (if applicable) _____

Owners Name (s) _____

Purchasing Contact: _____ Accounts Payable Contact: _____

Mailing Address: _____ Shipping Address: _____

City, State, Zip _____ City, State, Zip _____

Telephone #1 (____) _____ Telephone #2 (____) _____

Fax # (____) _____ Email Address _____@_____

Website Address: _____

Number of Years in Business: _____ How Long at Location: _____

CERTIFICATE OF RESALE REQUIRED FOR FLORIDA BUSINESSES ONLY:

(FOR USE ONLY BY REGISTERED RETAIL AND/OR WHOLESALE MERCHANTS)

Purchaser: _____

Address: _____

Seller Permit/Sales Tax # _____

Sales are Tax Exempt Due to the Following Reasons:

___ Release as a tangible property

___ Other _____

I (We), the undersigned, do hereby certify that the tangible personal property which I (we) purchase from you is, or will be, purchased as for resale except that if I (we) purchase tangible property (of the type) that is solely for use by me (us), you are directed to charge the retail tax thereon. I (we), by executing this certificate, assume liability for sales or use tax due on all tangible personal property as for resale and agree, when same is sold at retail or is withdrawn from stock and used or consumed by me (us), to remit such tax to the Department of Revenue, Sales and Use Tax Division. *THIS CERTIFICATE IS NOT TO BE USED TO OBTAIN TANGIBLE PERSONAL PROPERTY WHICH IS SOLELY FOR USE.* It is to remain in full force and effect until I (we) revoke same in writing:

President/owner _____

Signed: _____ Title _____ Date: _____

* A COPY OF YOUR CERTIFICATE OF RESALE MUST ACCOMPANY THIS APPLICATION *