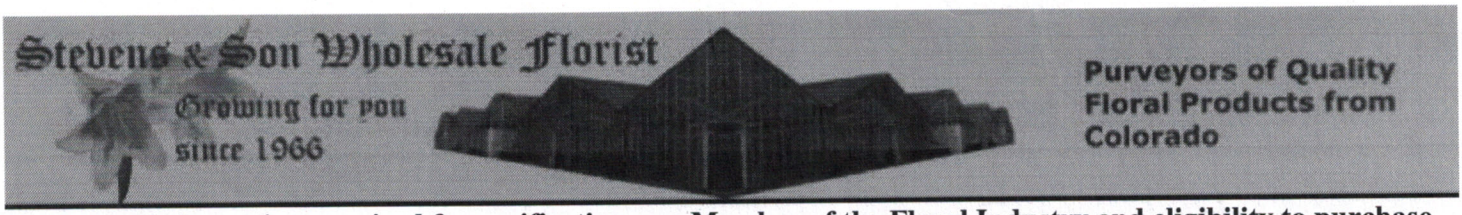


**Customer information required for verification as a Member of the Floral Industry and eligibility to purchase.**

Please indicate the type of account you are requesting___C.O.D. ___CREDIT CARD____OPEN CHARGE ACCT.

**Name of Business**_____ State Resale Tax #_____

**Billing Address** _____**City**_____ **State**_____ **Zip** _____

**Shipping Address** _____ **City** _____ **State**_____ **Zip** _____

**Phone No** _____ **Fax No** _____ **Email**_____

**After Hours Emergency Contact**_____

**Years in Business**_____ **Type of Business** ___**Proprietorship** ___**Partnership** ___**Corp** ___ **LLC**

**List Names of all Owners, Officers, or Partners, with Addresses, Home Phone No, and Social Security Number**

**1)**_____

**2)**_____

**3)**_____

**4)**_____

**Trade References (please list at least three from whom purchases are made from on a direct credit basis)**

**1)**_____

**2)**_____

**3)**_____

**PAYMENT TERMS:** Payment is due on the 10th day following the end of month of purchases. All past due balances will be charged a 2% finance fee (24% per annum) and at the sole discretion of the credit department will be placed on a COD basis. All shipments of product on common carrier are agreed to be FOB origin and therefore buyer assumes the risk for lost, delayed, or damage goods in transit. All requests for credit/return must be made to Stevens and Son within 24 hours of receipt of goods. Stevens and Son retains the right to have buyer return any damaged goods for quality control training. The entire agreement including finance charges shall be construed in accordance with the laws of the state of Colorado. In the event any dispute arises, all parties consent to suit; agrees venue and jurisdiction are proper in Jefferson County, state of Colorado. If collection proceedings are necessary, Stevens and Son or its Assignees shall be entitled, in addition to other costs and expenses, to recover reasonable attorney fees from Buyer.

**PERSONAL GUARANTEE:** In consideration of any credit extended, I (we) the undersigned will individually and/or jointly guarantee full and prompt payment of all indebtedness by: (FIRM NAME)_____incurred for merchandise furnished by Stevens and Son plus any Finance/Service charges or collection costs. This guarantee shall remain in force until Stevens and Son acknowledge its revocation in writing. Any revocation shall not affect the indebtedness incurred prior to the receipt of such written notice. **WAIVER OF NOTICE** Grantor(s) further waive notice of and hereby consent to any agreement or arrangements with the debtor or anyone else including, without limitation, agreements and arrangements, discharge of release or the whole or any part of said indebtedness, for release of collateral and/or other guarantors, or for the change of surrender of any and all security, or for compromise, whether by way of acceptance or part payment or of returns of merchandise or of dividends or in any other way whatsoever, and the same shall in no way impair the guarantor(s) liability hereunder.

Individual_____

Individual_____

Individual_____

I have read, understand and accept the terms of this agreement and personal guarantee. I agree that I am authorized to execute this agreement and I have provided true and accurate information to the best of my knowledge. I further authorize Stevens and Son to verify all references and hereby grant permission for associates to dispense information necessary for Stevens and Son to determine credit worthiness.

**APPLICANT**_____ **date**_____

FT
DR 0563 (2/94)
COLORADO DEPARTMENT OF REVENUE
1375 SHERMAN STREET
DENVER CO 80261

# SALES TAX EXEMPTION CERTIFICATE
## MULTI-JURISDICTION

**See reverse side for instructions.**

| | | | |
|---|---|---|---|
| Issued to (Seller) | | Address | |
| **I CERTIFY THAT** | Name of Firm (Buyer) | | |
| | Street Address or Post Office Box Number | | |
| | City | State | ZIP Code |

**QUALIFIES AS** (Check each applicable item)

☐ WHOLESALER ☐ RETAILER ☐ MANUFACTURER ☐ LESSOR* *(See note on reverse side)* ☐ CHARITABLE OR RELIGIOUS

☐ POLITICAL SUBDIVISION OR GOVERNMENTAL AGENCY ☐ OTHER (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the normal course of our business which is _____ or that such purchases are exempt from payment of sales or use tax in such states and cities because the buyer is: ☐ CHARITABLE OR RELIGIOUS ☐ POLITICAL SUBDIVISION OR GOVERNMENTAL AGENCY ☐ OTHERWISE EXEMPT BY STATUTE (SPECIFY)

| | | | |
|---|---|---|---|
| City or State | State Registration or ID Number | City or State | State Registration or ID Number |
| City or State | State Registration or ID Number | City or State | State Registration or ID Number |
| City or State | State Registration or ID Number | City or State | State Registration or ID Number |

*I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.*

General description of products to be purchased from the seller

*Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.*

| | | |
|---|---|---|
| Authorized Signature (Owner, Partner or Corporate Officer) | Title | Date |

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# Stevens & Son

## Wholesale Florist

14022 W. 54th Ave
Arvada, Co 80002
Toll Free: 800-826-7798
Phone: 303-279-6254
Fax: 303-279-3794

**ACCOUNT INFORMATION**

Company: _____

Payment Type _____

Card Number _____

Exp _____

Security Code _____

Billing Address: _____

Message: _____

By signing this form, Customer hereby agrees to all terms and conditions as set forth in the Stevens and Son Wholesale Florist Credit Application/Customer Information form, as if Customer had completed and signed said agreement in full.

Customer also verifies that if an invoice is more that 60 days past due (based off of invoice date), Stevens & Son reserves the right to charge said invoice to credit card on file.

_____

Signature Date