



SOUTHERN FLORAL COMPANY OUT OF STATE RESALE CERTIFICATE



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| Name of purchaser, firm or agency | | E-mail Address | |
| Address (Street & Number, P.O. Box or Route Number) | | | |
| City, State, Zip Code | | | |
| Business Phone (Area code & Number) | | Cell/Personal Phone (Area code & Number) | |
| Out of State's Retailer's Registration Number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico | | | |
| (Retailers based in Mexico must also provide a copy of their Mexico Registration Form to the seller) | | | |
| I, the purchaser named above, claim the right to make a non-taxable purchase for resale of the taxable items described below or on the attached order or invoice form: | | | |
| Seller: | | SOUTHERN FLORAL COMPANY | |
| Street Address: | | P.O. Box 1313 | |
| City, State, Zip Code: | | Houston, TX 77251-1313 | |
| Description of items to be purchased or on the attached order or invoice: | | | |
| FRESH CUT FLOWERS, FLORAL SUPPLIES, BOUQUETS AND/OR DECORATOR ITEMS FOR RESALE | | | |
| Description of the type of business activity generally engaged in or type of items normally sold by the purchaser: | | | |
| The taxable items described above, or on the attached order or invoice, will be resold, rented, or leased by me within the geographical limits of the United States of America, its territories and possessions, in their present form or attached to other taxable items to be sold. | | | |
| I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease, or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used. | | | |
| I Understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease, or rental and, depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree. | | | |
| Purchaser Sign Here: | | Driver's License Number: | |
| Printed Name: | | | |
| Job Title: | | Date: | |

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.

