



Oakland Flower Market

Piazza Wholesale LLC

821 Jefferson Street
Oakland, CA 94607
510.836.2200
sales@oaklandflowermart.com

ACCOUNT APPLICATION

A copy of driver's license, current year business license, and resale license required. The undersigned company is applying for an account and agrees to abide by the standard terms and conditions of as listed in this form.

This is NOT a credit application. Incomplete Application will be returned. Please complete all sections.

| | | | |
|--------------------|----------------------|--------------------|----------------------|
| Company Name | <input type="text"/> | Federal Tax ID/SSN | <input type="text"/> |
| DBA [if different] | <input type="text"/> | # of Employees | <input type="text"/> |
| Contact | <input type="text"/> | Phone # | <input type="text"/> |
| Address | <input type="text"/> | City, Zip | <input type="text"/> |
| Type of Business | <input type="text"/> | Established Date | <input type="text"/> |

Product Purchase Types

Payment Methods Cash Credit Card ATM [Piazza has stopped accepting credit applications]

Forms of Business

Corporation State of Incorporation

Enter Chief Corporate Officers' Name, Titles, & Address; Resident Agent's Name & Address

Office #1

Office #2

Office #3

Resident Agent

Limited Liability Corporation Enter Partners Info [Name & Address]

Member 1

Member 2

Sole Proprietorship Sales Tax Exempt? Yes No Seller's Permit

Authorized Purchasers

Purchase Order Required? Yes No

Trade References Enter Reference Info [Name, Address, & Phone]

Reference #1

Reference #2

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized Signature _____ Date

Printed Name Title



Oakland Flower Market

Piazza Wholesale LLC

ACCOUNT APPLICATION

821 Jefferson Street
Oakland, CA 94607
510.836.2200
sales@oaklandflowermart.com

All Resale Applicants Must Complete Resale Tax Exemption Certificate EZ49C

Seller's Permit Firm Name

DBA [if different]

Address City, State, Zip

I hereby certify that I hold a valid Seller's Permit Number, issued pursuant to the Retail Sales Tax Act;

Seller's Permit Number

Flower and floral supplies that I am engaged in the business of selling: [Fill in all appropriate items]

That the tangible personal property described herein, which I shall purchase from

Piazza Wholesale LLC [DBA Oakland Flower Market]

Will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of the business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase of such property or other authorized amount. A description of property to be purchased is as follows:

Flowers, Plants, Floral Supplies, Supplies, etc.

For Your Information:

A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10% of the tax or \$500, whichever is more.

Are you reselling flowers and other floral related items? Yes No

Purchaser's Signature _____ Date

Printed Name [First Last] Title

Phone Email Address