





# HOSHIZAKI SOUTHEASTERN DISTRIBUTION CENTER, INC.

5589 Commonwealth Ave.  
Jacksonville, FL 32254  
Telephone: 904-783-6069  
Fax: 904-783-6023

Dear Valued Customer:

In order to be exempt from sales tax, we must have a resale certificate that contains the sales tax registration number for the destination state for your order. Drop Shipments from the factory or distribution centers may be taxable. A resale certificate that exempts sales to your business location will not cover drop shipments unless it is in the same state as your business location. We must have in our possession, at the time of sale, a completed resale certificate, as found below, covering the destination state of the shipment. Additionally, we cannot adjust for prior sales. We must enforce this regulation regardless of past experiences or practices.

If you have any questions, please do not hesitate to contact me.

Yours truly,

Jeff Copeland  
Credit Manager  
Hoshizaki America, Inc.

### MULTI-JURISDICTION SALES TAX RESALE CERTIFICATE

Issued to <u>Sumter County Board of County Commissioners</u>	Address <u>910 N Main St. City Bushnell</u>	State <u>FL</u>	Zip Code <u>33513</u>
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I certify that	Name of Buyer	Is engaged as a registered	
	St. Address or P.O. Box:	<input type="checkbox"/>	Distributor
	City	<input type="checkbox"/>	Dealer
	State	<input type="checkbox"/>	Service
	Zip Code	<input type="checkbox"/>	Other _____

is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are to be resold in the normal course of our business.

Products or Services Rendered			
State	State ID No.	City or State	State Registration or ID No.

I further certify that if any property so purchased tax free is used on 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 canceled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller:

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 <u>COUNTY ADMINISTRATOR</u>	Date <u>7-14-10</u>
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**BANK REFERENCE**

1) Name: Suntrust  
 Address: P.O. Box 4418 - mail code 1948  
 City: Atlanta State: GA Zip: 30302  
 Phone: 813-224-2183 Contact Name: Adam Horn

Type & Account Number:	Checking	Savings	Loan
	#0416500006854#		#

**COMMERCIAL TRADE REFERENCES:**

1) Company Name: Pexel Consolidated  
 Address: Dept At 952726  
 City: Atlanta State: GA  
 Phone: (352) 368-7952 Zip Code: 31192-2726  
 Fax: (407) 472-0531 Contact Name: Brian Wright

2) Company Name: Besco Electrical Supply Company of Florida  
 Address: 711 S 14th St.  
 City: Leesburg State: FL  
 Phone: (352) 787-4542 Zip Code: 34748  
 Fax: (352) 365-0554 Contact Name: Ruth Ann

3) Company Name: Wildwood Ace  
 Address: 300 Shopping center Drive  
 City: Wildwood State: FL  
 Phone: (352) 748-2304 Zip Code: 34785  
 Fax: (352) 748-3298 Contact Name: Neal Worrell

4) Company Name: Pro-Chem  
 Address: Po Box 1309  
 City: Alpharetta State: GA  
 Phone: (770) 740-2800 Zip Code: 30009-1309  
 Fax: (770) 740-2807 Contact Name: Shannon

**NOTE: NOT VALID UNLESS SIGNED ON PAGE 3**

**TERMS & CONDITIONS OF SALE:**

**PAYMENT TERMS;** Payment of merchandise is net and is due within 30 days of date of shipping unless otherwise indicated.

**CONDITIONS:** It is agreed the buyer will pay all invoices within stated terms and agrees to all terms contained in invoices supplied by seller as may be amended from time to time. In the event payment is not made in a timely manner the buyer agrees to pay all collection costs and attorney fees incurred by seller in the enforcement of the terms and conditions of this agreement.

Buyer authorizes seller to investigate buyer's credit standing, financial circumstances and responsibility and authorizes and instructs all persons having information concerning buyer's credit standing, financial circumstances and responsibility to release such information to seller, its agents, attorneys or employees.

All of the information supplied by buyer is correct to the best of the knowledge of the undersigned, and the buyer understands that all goods or services purchased from seller are subject to all terms and conditions contained in this credit application and agreement and all other terms and conditions contained on any of seller's invoices.

**SALES TAX :** A resale certificate with a Tax I.D. number must be on file. Tax will be charged on all sales without a resale certificate on file.

**RETURNED EQUIPMENT:** No returned equipment will be accepted without our prior approval. If return of equipment is approved, an RMA number will be assigned and the following restocking charges will apply:

15% - Equipment returned in original factory carton in new condition

20% - Equipment returned in new condition, but not in factory carton.

Approval for return of any equipment that is not in new condition will only be made on a case-by-case basis.

The restocking charge will be determined after a thorough inspection has been completed.

Return freight charges are the buyer's responsibility.

**AGREEMENT TO TERMS AND CONDITIONS: BY SIGNING THE AUTHORIZATION BELOW I AGREE AND ACKNOWLEDGE THAT I HAVE READ AND ACCEPT THE TERMS OF SALE AS DEFINED IN THIS DOCUMENT OR THOSE IN EFFECT AT THE TIME OF SALE.**

\* Per Government Agency, we will not incur any interest charges.

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize our references and banks to release any information necessary to assist in establishing a line of credit with Hoshizaki America, Inc. and/or its distribution centers..

Business Name: Sumter County Board of County Commissioners

Address: 910 N Main St

City Bushnell State/Zip Code FL 33513

Authorized by: [Signature] Title: County Administrator

Type or Printed Name: BRAQUET ARNOLD Date: 7-14-10

**\* SOLE PROPRIETORSHIP OR PARTNERSHIP AUTHORIZATION FOR RELEASE OF INFORMATION**

**\*Additional Release**

I hereby authorize our references and banks to release any information necessary to assist in establishing a line of credit. If business credit information is not available or is limited and would prevent a credit decision, I authorize Hoshizaki America Inc. and/or its distribution centers to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this account. If I request I will be told whether my consumer credit report was requested and if so the name and address of the consumer credit agency that furnished the report.

Business Name: Sumter County Board of County Commissioners

Address: 910 N Main St

City Bushnell

State/Zip Code FL 33513

Authorized by: [Signature]  
*Must be Principal Business Owner/Partner*

Title County Administrator  
SSN: 4954

Type or Printed Name: BRADY ANDERSON

Date: 7-14-10

*\*A copy of this form will be considered a bona fide authorization to release information*

The personal guarantee below may be requested and become a part of the attached credit application if financial information provided is incomplete or insufficient to issue credit to the applicant.

**PERSONAL GUARANTEE**

In consideration for credit, I/We, the undersigned agree to further and wholly guarantee any debt incurred by \_\_\_\_\_ or its agents, and I/We agree to the terms listed in the above agreement.

This personal guarantee for corporate debt may be revoked by the undersigned upon thirty (30) days written notice to the creditor of the undersigned's intention to revoke said personal guarantee. The undersigned shall remain liable for any charges incurred with creditor prior to the end of said thirty (30) day period.

**ALL CORPORATE OFFICERS MUST SIGN:**

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



### HOSHIZAKI SOUTHEASTERN DISTRIBUTION CENTER, INC.

5589 Commonwealth Ave.  
Jacksonville, FL 32254  
Telephone: 904-783-6069  
Fax: 904-783-6023

6402 Pioneer Park Blvd, Suite C  
Tampa, FL 33634  
Telephone: 813-249-6800  
Fax: 813-249-1733

599 S. Kissimmee Ave  
Ocoee FL 34761  
Telephone: 407-297-8833  
Fax: 407-854-0089

40 D Commercial Drive  
Pelham, AL 35124  
Telephone: 205-821-7818  
Fax: 205-821-7585

10100 N.W. 116 WAY - Suite 3  
Miami, FL 33178  
Telephone: 305-888-7600  
Fax: 888-217-3228

#### CONFIDENTIAL CREDIT APPLICATION

For Office Use Only:	NEW/UPDATE
Customer Number:	
Credit Limit Amount:	
Approved By:	Date:

#### BUSINESS INFORMATION:

NAME: Sumter County Board of County Comm.  
 BILLING ADDRESS: 910 N Main St.  
 CITY: Bushnell  
 STATE: FL ZIP: 33513

DATE: \_\_\_\_\_  
 Federal I.D. Number: 59-6000-865  
 D&B Number: \_\_\_\_\_  
 Sales Tax: 

<input checked="" type="checkbox"/> Exempt	<input type="checkbox"/> Taxable
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 (If exempt, please attach exemption certificate.)

Type of Business: \_\_\_\_\_  
 Anticipated Monthly Purchases: \_\_\_\_\_ \$  
 No. of Employees: \_\_\_\_\_ Annual Sales: \$ \_\_\_\_\_

Date Business Began: \_\_\_\_\_  
 Business Phone: (352) 793-0200  
 Business Fax No. (352) 793-0207

If branch or division, location of home office: \_\_\_\_\_

Name & Location of any other business owned: \_\_\_\_\_

Corporation:  Partnership:   
 State Incorporated: \_\_\_\_\_ Single Proprietor:

#### PRINCIPAL CORPORATE OFFICERS, PARTNERS, OR PROPRIETORS:

Name	Title	Home Address	State/Zip	Home Phone
1)				
2)				
3)				

NOTE: NOT VALID UNLESS SIGNED ON PAGE 3



## Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 04/05  
01/23/09

85-8012622366C-3	02/14/2009	02/28/2014	COUNTY GOVERNMENT
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

BOARD OF COUNTY COMMISSIONERS SUMTER  
COUNTY FLORIDA  
910 N MAIN ST  
BUSHNELL FL 33513-5006

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 04/05

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.