

# Hope Valley Tree Farm

## Certificate of Resale

(512) 627 – 2201 \* hopevalleytreefarm.com

**Location: 240 Earhardt Rd. Bastrop, Texas**

**Mailing address: 118 Timber Ct. Bastrop, Texas**

I hereby certify that I hold a **LIMITED SALES TAX PERMIT** issues pursuant to the form of general nursery stock, which I will purchase from Hope Valley Tree Farm.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ year.

Limited sales tax permit number: \_\_\_\_\_

Purchase for:    Resale                Ag exempt (11 digit number)                Other   

Business name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Business phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact person: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

***I understand that it is a misdemeanor to give to the seller a resale certificate for taxable items which I know, at the time of purchase, are purchased for use rather than the purpose of resale, lease or rental, and that upon conviction I may be fined no more than \$500.00 per offense.***

***Payment in full is due up front unless otherwise specified and authorized by Hope Valley Inc. If you have a credit card on file with Hope Valley Inc., payment in full is due within 30 days unless otherwise specified by Hope Valley Inc. By signing this you are authorizing Hope Valley Inc. to withdraw automatic payment after 30 days from the date of the invoice.***

Printed name and title: \_\_\_\_\_

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

# Hope Valley Tree Farm

## Customer Information

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

**In order to receive wholesale pricing, the nursery/landscape professional MUST provide at least two of the following in the company name:**

(Check  Credit card  Business card  Sales tax number )

**Please be aware that first time orders are required to pay either credit card or cash. No exceptions.**

Business name: \_\_\_\_\_

Business phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Cell: \_\_\_\_\_

Principal buyer: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

**Type of business:** \_\_\_ Wholesale \_\_\_ Re-wholesale \_\_\_ Landscaper \_\_\_ Broker \_\_\_ Sole proprietor  
\_\_\_ Partnership \_\_\_ Corporation \_\_\_ Limited liability \_\_\_ Other

### **Persons Authorized to Make Purchase**

Name: \_\_\_\_\_ Driver's License # and state \_\_\_\_\_

Position: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License # and state \_\_\_\_\_

Position: \_\_\_\_\_ Cell: \_\_\_\_\_

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Printed name and title: \_\_\_\_\_

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