

New Customer Signup Form

HeliumDeliveries.com

1533 SW 1st Way #F19

Deerfield Beach, FL 33441

Phone: (954) 725-1470~Fax: (954) 725-1168

www.heliumdeliveries.com

Email: browardacmedical@live.com

Billing Info:

Company Name:

Attn:

Address:

City:

State:

Zip:

Phone:

Fax:

**Email (where you want
invoices emailed to):**

Ship To:

Contact Name:

Address:

City:

State:

Zip:

Cross-streets:

Contact Phone:

**Special Instructions (gate
code or back door entry):**

Accounting Information

Accounting Contact Name:

Acct Ph:

Acct Fax:

Acct Email:

Business Information

Tax ID:

Resale #:

also fill out certificate below

PAYMENT: Charge to Card

Type (circle one):

Sole Proprietor

Partnership

Corporation

Years in Business:

P.O. Required: YES NO

Resale Information

**Please fill out the Florida Certificate of Resale below only if you plan on reselling the balloons,
helium, party supplies, decorating or equipment**

FLORIDA CERTIFICATE OF RESALE

I HEREBY CERTIFY: That I hold valid seller's permit # _____ issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling balloons, helium, party supplies, decorating and equipment, that the tangible personal property described herein which I shall purchase from Broward A&C Medical Supply, Inc. 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 business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount. Description of property to be purchased: balloons, helium, party supplies, decorating and equipment.

Date: _____ Signature: _____ Title: _____

Credit Card Info:

**Broward A&C Medical Supply, Inc. requires that all personal accounts and new businesses have a credit card on file.
Customer gives Broward A&C Medical Supply, Inc. permission to charge rental / products / deliveries to your credit card.**

Credit Card #:

Exp:

Type:

Security (Data #):

Name on Card:

Phone for Cardholder:

Card Address (where bill get's mailed to):

Equipment Terms: The undersigned (the "customer") acknowledges that from time to time, they may be in possession of cylinders and equipment owned by Broward A&C Medical Supply, Inc. Customer agrees to keep the cylinders in it's sole possession and not loan the cylinders or equipment to any third party without written permission from Broward A&C Medical Supply, Inc. Customer agrees not to allow anyone but Broward A&C Medical Supply, Inc. to fill the cylinders. Customer shall be responsible for the cylinders while in their possession and agrees to notify Broward A&C Medical Supply, Inc. in the event of loss or damage to cylinders. The customer agrees to be responsible for any cost involved in loss or damage to cylinders and equipment.

Securing Equipment: The law requires that cylinders must be secured. Customer agrees to take full responsibility for securing the equipment. In the event that any harm or damage occurs due to equipment not being secured, the customer assumes full responsibility for cost and liabilities resulting from harm or damage. Wall mounts, dollies and cylinder stands are available for purchase. Customer agrees to keep the cylinder in a well ventilated area and not to inhale the Helium gas.

Rental Terms: In the event that rental charges become overdue, customer agrees that Broward A&C Medical Supply, Inc. has the right to pick up the equipment, and customer agrees to be accountable for any costs incurred for need of such action including legal costs, pickup/delivery fees, full retail price of the equipment, and late fees. All cylinders 244cf size and above are rented for 30 day periods unless customer pays for a full year of rental.

Pricing and Credit: Prices are subject to change. There are no refunds on unused helium. Should credit be extended, it will be subject to the following terms. All extensions of credit are to be paid, in full, 30 days following date of purchase. All balances carried beyond the due date will be accessed a late charge or a periodic rate not to exceed the maximum rate allowed by state law. Broward A&C Medical Supply, Inc. requires that all accounts must have a valid credit card on file. It's A Gas, Inc. can charge the card at any time for the following reasons: accounts past 30 days due, insufficient funds in checking account + \$20 NSF fee added to invoice, loss or damage to cylinders and equipment, rental charges that are over 30 days. **Decorating Terms:** Broward A&C Medical Supply, Inc. will not be held responsible for any injury or damage relating to decorating or equipment including line, string, balloons, tanks, equipment, and debris. Customer assumes full responsibility for clean up. In signing, I, as owner, partner, authorized agent or manager, agree to abide by the statements made herein. It is also agreed that should litigation become necessary to recover any debt owed, the debtor shall bare the expense of reasonable attorney fees and court costs, and that venue shall be at the discretion of Broward A&C Medical Supply, Inc.

Signature

Print Name

Date