

SAN FRANCISCO FLOWER MART 2008 BADGE RENEWAL

DEADLINE TO RENEW YOUR BADGE IS FEBRUARY 29, 2008.

TO RENEW YOUR BADGE, THE FOLLOWING DOCUMENTS ARE REQUIRED:

BADGES: NON-TAXABLE RETAILER AND TAXABLE BADGE: *Please return completed form with fee*

FEES: \$60.00 – FOR 2 (two) MART BADGES **
 \$70.00 – **AFTER FEBRUARY 29, 2008 — LATE RENEWAL**
 ** Additional badges are \$5.00 each

MAIL: PAYMENT AND THE COMPLETED PORTION OF THIS FORM
 (*make checks payable to*) **Flower Market Badge Trust Fund (FMBTF)**
 640 Brannan Street
 San Francisco, CA 94107

NOTE: Please allow 2 weeks for processing. If you choose to have your Badges sent, please check the box at the bottom of the form. If you will be picking your badges up, please come to the **CALIFORNIA FLOWER MARKET, INC.** (415-392-7944 ext 3) office during **BADGE OFFICE HOURS ONLY:**

M-W-F 6:00 am to 12:00 noon & T-TH 7:00 am to 11:00 am

S.F. FLOWER MART BADGE PRIVILEGES ARE FOR PARKING WHILE SHOPPING AT THE SAN FRANCISCO FLOWER MART ONLY.

Deadline to Renew your Badge is February 29, 2008

Please check one of the boxes below:

2007 BADGE #: _____

- Purchases made in the Mart are primarily for decorative use within my business (NOT RESALE) and should be subject to sales tax.
- Purchases made in the Mart are primarily for (RESALE) in my regular course of business and should not be subject to sales tax.

OFFICE USE ONLY

<input type="checkbox"/> CA	<input type="checkbox"/> CK	<input type="checkbox"/> CR	<input type="checkbox"/> M	<input type="checkbox"/> C
RCPT# : _____				
DATE: _____				
AMOUNT: _____				

SELLER'S PERMIT NUMBER: _____

OWNER'S / AUTHORIZED SIGNATURE: _____

Badges will not be processed without signature

OWNER'S / CONTACT NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE NUMBER:() _____ **FAX NUMBER:()** _____

E-MAIL ADDRESS: _____

Check Credit Card # _____ - _____ - _____ - _____ - _____ **Exp. Date:** ___ / ___ / ___ **Zip Code:** _____
Visa and Master Card Only Credit Card Billing Zip Code

AMOUNT ENCLOSED: _____ **# OF BADGES:** _____

- No, I will pick up my badges up in the Badge Office.
- Yes, I would like my badges mailed to the above address.