

Florida Certification Form

Reliable confirmation that the individual below is an adult.

Date: _____

Your Name: _____

Address: _____

Telephone: _____

E-mail: _____

Date of Birth: _____

This is to certify under penalty of perjury that the above address and date of birth are correct. This confirms that I want to receive delivery sales from Fresh Choice Tobacco Company and understand that under the laws of this state, the following actions are illegal:

- (I) Signing another individual's name to the certification;
- (II) Selling tobacco products to individuals under the legal minimum purchase age; and
- (III) Purchasing tobacco products, if the person making the purchase is under the legal minimum purchase age.

Please **include a photocopy** or other image of a valid government-issued identification card stating your date of birth or age.

Payments must be in the form of credit or debit card issued in your name, or by your personal or company check.

Sales of tobacco products are:

- (a) Illegal if made to individuals who are not adults.
- (b) Restricted to those individuals who provide verifiable proof of age.
- (c) Taxable under this chapter.

Your invoice will explain how each tax has been, or is to be, paid with respect to any delivery sale.

Your Signature: _____

Signed under penalty of perjury

Please return this form when signed to lotsaorders+Claire@gmail.com, or fax to 707-449-5937