



121 SW Flagler Ave
Stuart, FL 34994
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MERCHANT RETAIL & WHOLESALE AVERAGE MONTHLY INVENTORY AFFIDAVIT

Please print clearly and provide all required information

Business Account #

I, _____ owner of _____,
hereby assess that my average monthly inventory is \$_____.

Owner Signature

State of Florida, County of Martin

The foregoing instrument was acknowledged before me this _____ day of _____, 20____.
by _____ who is personally known to me or has produced
_____ as identification and did / did not take an oath.

Notary Signature

Seal