



Sales Tax Exemption Certificate Multi - Jurisdiction

See page 2 for instructions

Last Name or Business Name		First Name		Middle Initial
Address				
City			State	ZIP
I Certify That				
Name of Firm (Buyer)				
Address				
City			State	ZIP
Qualifies As (Check each applicable item)				
<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Retailer	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Charitable or Religious	
<input type="checkbox"/> Political Subdivision or Governmental Agency		<input type="checkbox"/> Other (Specify)		
If Other, specify here				
1) and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the normal course of our business which is or 2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is:				
<input type="checkbox"/> Political Subdivision or Governmental Agency	<input type="checkbox"/> Charitable or Religious	<input type="checkbox"/> Otherwise Exempt By Statute (Specify)		
If Otherwise Exempt By Statute, specify here				
City or State	State Registration or ID Number	City or State	State Registration or ID Number	
City or State	State Registration or ID Number	City or State	State Registration or ID Number	
City or State	State Registration or ID Number	City or State	State Registration or ID Number	
If the list of states and cities is more than six(6), attach a list to this certificate. I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sale or Use Tax we will pay the tax due direct to proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be called until canceled by us in writing or revoked by the city or state.				
General Description of products to be purchased from seller				
Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.				
Authorized Signature (owner, Partner or Corporate Officer)		Title		Date (MM/DD/YY)