

STATE SALES & USE TAX CERTIFICATE – MULTIJURISDICTIONAL

Issued to Seller: _____

I certify that:
 Name of Firm (Buyer): _____
 Address: _____

is engaged as a registered
 Wholesaler
 Retailer
 Manufacturer
 Seller (California)
 Lessor (see notes on pages 2-4)
 Other (Specify) _____

and is registered with the below listed states within which your firm would deliver purchases to us.

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
Alabama	_____	Montana	_____
Alaska	_____	Nebraska	_____
Arizona	_____	Nevada	_____
Arkansas	_____	New Hampshire	_____
California	_____	New Jersey	_____
Colorado	_____	New Mexico	_____
Connecticut	_____	North Carolina	_____
District of Columbia	_____	North Dakota	_____
Florida	_____	Ohio	_____
Georgia	_____	Oklahoma	_____
Hawaii	_____	Oregon	_____
Idaho	_____	Pennsylvania	_____
Illinois	_____	Rhode Island	_____
Indiana	_____	South Carolina	_____
Iowa	_____	South Dakota	_____
Kansas	_____	Tennessee	_____
Kentucky	_____	Texas	_____
Louisiana	_____	Utah	_____
Maine	_____	Vermont	_____
Maryland	_____	Virginia	_____
Massachusetts	_____	Washington	_____
Michigan	_____	West Virginia	_____
Minnesota	_____	Wisconsin	_____
Mississippi	_____	Wyoming	_____
Missouri	_____		

I certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Motor Fuel Tax we will pay the tax directly to the proper taxing authority when state law so provided or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Signature: _____ Date: _____

Printed Name of Person Signing: _____

Title of Person Signing: _____

Phone: _____ Fax: _____

FEIN: _____