

STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

Issued to (Seller)			Address		
I certify that	Name of Firm (Buyer) Street Address or P.O. Box No.			is engaged as a	registered
			No.	(((((((((((((((((((() Wholesaler) Retailer) Manufacturer) Lessor
	City	State	Zip	() Other (specify)	
chases to us a new product to	nd that be res	the below listed state any such purchases a old, leased, or renteding, retailing, manufactions. State Registration or I.D. No.	are for wholesale, re I in the normal cours	esale, ingredients se of our busines: ting) the following	s or components of a s. We are in the g: Registration
City or State		State Registration or I.D. No.	City or State		Registration O. No.
City or State		State Registration or I.D. No.	City or State		Registration
make it subject when state law each order whit canceled by us	t to a say so pro ich we r s in writ	any property so purce ales or use tax we will vides or inform the so may hereafter give to ing or revoked by the	II pay the tax due deller for added tax be you, unless otherwe city or state.	irect to the prope billing. This certif ise specified, and	r taxing authority icate shall be part of
		enalties of false state vledge and belief is a			
Authorized Sig	noturo				