

STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

I certify that	Name of Firr	n (Buver)		is engaged as a registered	
	Street Address or P.O. Box No.			_ () Wholesaler () Retailer () Manufacturer	
	City	State	Zip	() Lessor () Other (specify)	
chases to us a new product to	nd that any such be resold, lea	ch purchases are ised, or rented ir	e for wholesale, res	which your firm would deliver pur- cale, ingredients or components of a e of our business. We are in the ng) the following:	
City or State		Registration D. No.	City or State	State Registration or I.D. No.	
City or State		Registration D. No.	City or State	State Registration Or I.D. No.	
City or State		Registration D. No.	City or State	State Registration or I.D. No.	
make it subject when state law each order wh canceled by us General descr	t to a sales or v so provides c ich we may he s in writing or r iption of produc	use tax we will p or inform the sell reafter give to yo evoked by the c cts to be purchas	bay the tax due diru er for added tax bil bu, unless otherwis ity or state. sed from the seller:	ed or consumed by the firm as to ect to the proper taxing authority lling. This certificate shall be part o e specified, and shall be valid until	
to the best of r	ny knowledge		ue, correct and cor		
Authorized Sig	nature				