



Exemption Certificate
Retailer's Occupation Tax
Use Tax

The undersigned hereby certifies that tangible, personal property purchase from Clinton Electronics Corporation is:

___ A. Exempt from all Retailer's Occupation Taxes because the items purchased will be for resale. We will assume responsibility for any taxes applicable and will assume liability for payment of the tax if the goods are used or consumed without resale. Our State of _____ Department of Revenue Registration number is _____.

In addition, we certify that all of the purchases that we make from Clinton Electronics Corporation are for resale.

___ B. Exempt from all Retailer's Occupation Taxes because the items purchased will be for the use of a Tax Exempt Organization (i.e., registered charitable, educational, or religious institutions or a unit of government) deemed Exempt from sales tax by the State of _____ Department of Revenue. The items purchased will be paid for with the funds of the organization shown below without any direct reimbursement from any of its members of employees. Our State of _____ Exemption letter is attached. Our State of _____ Department of Revenue Registration number is: (8 digits preceded by an E); expiration date is: _____.

___ C. Exempt from all Retailer's Occupation Taxes because the items purchased will be used for rolling stock. Our Federal Registration MC# is: _____.

___ D. Exempt from Retailer's Occupation Tax because the items will be used primarily in production agriculture and/or manufacturing or assembling of tangible personal property for wholesale or retail sale or lease. We will assume responsibility for payment of the tax if the goods are used or consumed for other than what qualifies under this exemption.

If, at any time, our exempt status or the information below changes, we will notify Clinton Electronics Corporation immediately.

Company Name

Telephone

Address

Date

City, State, Zip Code

Authorized Signature

Printed Name

Clinton Electronics Credit Application

BUSINESS NAME: _____

Phone (_____) _____ Fax (_____) _____

Address/5[fk! State/Zip _____ For past ____ years

Email Address _____

WeTsite _____

D/B/A _____ Federal Tax ID# _____

Former Business Address (if applicable) _____

Type of Business _____ Date Established _____ How long in business _____

Does State, County, or City require a License? Yes / No If Yes, License # _____

No. of Employees _____ Est. Annual sales _____

OWNERSHIP: Sole Proprietorship Partnership Corporation

PRINCIPAL:

	(Name)	(Title)	(SS#)

PRINCIPAL:

	(Name)	(Title)	(SS#)

PRINCIPAL:

	(Name)	(Title)	(SS#)

PRINCIPAL:

	(Name)	(Title)	(SS#)

TRADE REFERENCES:

Company Name	FAX/Phone #

BANK REFERENCES:

(Name)	(Address)	(Acct #)	(Contact)
(Name)	(Address)	(Acct #)	(Contact)

