



P.O. Box 375
 Belmont, MI 49306
 Fax: 800-459-0448

Tax Exempt Form

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption.

1. _____ Enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
 Check if you are attaching the Multi-state Supplement form.

2. One-time purchase. Blanket Certificate. Recurring business relationship.
 Order or Invoice Number: _____

3. _____
 Name of purchaser Customer Account Number

Business Address City State Zip Code

Purchaser's Tax ID Number State of Issue Country of Issue

If no Tax ID Number FEIN Driver's License Number/State Issued ID Number Foreign diplomat number

4. Type of business. Check the box that describes your business

- | | |
|---|---|
| <input type="checkbox"/> Accommodation and food services | <input type="checkbox"/> Transportation and warehousing |
| <input type="checkbox"/> Agricultural, forestry, fishing, hunting | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Wholesale trade |
| <input type="checkbox"/> Finance and insurance | <input type="checkbox"/> Business services |
| <input type="checkbox"/> Information, publishing and communications | <input type="checkbox"/> Professional services |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Education and health-care services |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Nonprofit organization |
| <input type="checkbox"/> Real estate | <input type="checkbox"/> Government |
| <input type="checkbox"/> Rental and leasing | <input type="checkbox"/> Not a business |
| <input type="checkbox"/> Retail trade | <input type="checkbox"/> Other (<i>explain</i>) _____ |

5. Reason for exemption. Check the box that identifies the reason for the exemption.

- | | |
|--|--|
| <input type="checkbox"/> Federal government (<i>department</i>) _____ | <input type="checkbox"/> Agricultural production # _____ |
| <input type="checkbox"/> State or local government (<i>name</i>) _____ | <input type="checkbox"/> Industrial production/manufacturing # _____ |
| <input type="checkbox"/> Tribal government (<i>name</i>) _____ | <input type="checkbox"/> Direct pay permit # _____ |
| <input type="checkbox"/> Foreign diplomat # _____ | <input type="checkbox"/> Direct mail # _____ |
| <input type="checkbox"/> Charitable organization # _____ | <input type="checkbox"/> Other (<i>explain</i>) _____ |
| <input type="checkbox"/> Religious or educational organization # _____ | |
| <input type="checkbox"/> Resale # _____ | |

A general statement that tax status is indicated on purchase order is not acceptable. This certificate shall be considered a part of each order we process and shall remain valid until revoked in writing. Failure to properly execute this exemption certificate will result in taxes being added to all invoices. The undersigned agrees that products purchased from Wensco Sign Supply, but used for purposes other than designated above are subject to use tax and are the responsibility of the purchaser.

6. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of Authorized Purchaser Print Name Here Title Date