

Business Name _____
Street address _____
City _____ County _____ State _____ Zip Code _____
Phone _____ Fax _____
Email _____

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NOTE: This certificate MUST be filled out completely, and accurately to be considered. All Business locations must be noted on this form to be exempted from sales tax under the same exemption certificate number; If additional space is needed please fill out additional forms.

**** DON'T FORGET TO INCLUDE A COPY OF YOUR SALES TAX LICENSE***

**** DON'T HESITATE TO CALL OR EMAIL ANY QUESTIONS YOU MAY HAVE***

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|--|
| OFFICE FILE # _____ |
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