

STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

Issued to (Seller)			Address	Address		
I certify that	Name of Firm (Buyer)			is engaged as a registered		
	Street	Address or P.O. Box N	No.	- ((() Wholesaler) Retailer) Manufactur) Lessor	
	City	State	Zip	- () Other (spec	ecify)
chases to us a new product to	and that a	the below listed state any such purchases a old, leased, or rented ig, retailing, manufact	re for wholesale, in the normal cou	resale, ingredier rse of our busine	its or components	s of a
City or State		State Registration or I.D. No.	City or State		te Registration .D. No.	
City or State		State Registration or I.D. No.	City or State		te Registration	
City or State		State Registration or I.D. No.	City or State		te Registration .D. No.	
make it subject when state law each order who canceled by u	et to a sa v so prov ich we n s in writi	any property so purchales or use tax we will vides or inform the senay hereafter give to ying or revoked by the products to be purchales.	I pay the tax due of eller for added tax you, unless otherw city or state.	direct to the proper billing. This cer wise specified, a	per taxing author tificate shall be p	ity part of
	the ne	analting of foliog states	ment that this cert	ificate has been	examined by me	and
		ledge and belief is a				ana