

## UNIFORM SALES & USE TAX CERTIFICATE FORM SALES TAX EXEMPTION CERTIFICATE MULTI-JURISDICTION

Issued to (Seller): **Delforms**

I certify that:

Firm Name (Buyer): \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for resale, to be resold, in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, the following:

City or State: \_\_\_\_\_ State Registration or ID #: \_\_\_\_\_

City or State: \_\_\_\_\_ State Registration or ID #: \_\_\_\_\_

City or State: \_\_\_\_\_ State Registration or ID #: \_\_\_\_\_

City or State: \_\_\_\_\_ State Registration or ID #: \_\_\_\_\_

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller: **Short-Run Personalized Products**

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

**MUST BE SIGNED BY** 1) An Officer of the Corporation 2) The President of the Company or  
3) The Small Business Owner

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Corporate Officer ☐ President of Company ☐ Owner Title \_\_\_\_\_

**PLEASE MAIL OR FAX TO:**

**DELFORMS** P.O. Box 64046 • St. Paul, MN 55164-0046

PHONE 1-800-328-7889 • FAX 1-800-216-9326

[www.delforms.com](http://www.delforms.com)

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