

STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

Issued to (Seller)			Address		
I certify that	Name of Firm (Buyer) Street Address or P.O. Box No.			is engaged as a	egistered
			D.	() Wholesaler) Retailer) Manufacturer) Lessor
	City	State	Zip	· () Other (specify)
chases to us a new product to	and that a be reso	the below listed states any such purchases are old, leased, or rented in g, retailing, manufactu	e for wholesale, ron the normal cour	esale, ingredients se of our busines	s or components of a ss. We are in the
City or State		State Registration or I.D. No.	City or State		e Registration D. No.
City or State		State Registration or I.D. No.	City or State		e Registration D. No.
City or State		State Registration or I.D. No.	City or State		Registration D. No.
make it subject when state lav each order wh	t to a sa v so prov ich we m	any property so purcha les or use tax we will vides or inform the sell aay hereafter give to yo ng or revoked by the c	pay the tax due d ler for added tax l ou, unless otherw	irect to the prope billing. This certif	er taxing authority ficate shall be part of
General descr	iption of	products to be purchas	sed from the selle	er:	
		nalties of false statem ledge and belief is a tr			
Authorized Sig	nature	(Owner, Partner or Corpo	orate Officer)	Title	Date