

STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

Issued to (Sel	ler)		Address		
	Name of Firm (Buyer) Street Address or P.O. Box No.			is engaged as a registered	
			- () Wholesaler) Retailer) Manufacturer) Lessor) Other (specify)	
	City	State	Zip	•	, other (speerly)
new product to	o be resolo nolesaling,	ny such purchases and language in the second	n the normal cou	rse of our busine ting) the followin	
ity or State		State Registration or I.D. No.	City or State	State	e Registration D. No.
City or State		State Registration or I.D. No.	City or State		e Registration D. No.
make it subject when state law each order wh	ct to a sale v so provid ich we ma		pay the tax due of er for added tax l ou, unless otherw	direct to the prop billing. This certi	
ieneral descri	ption of p	oducts to be purcha	sed from the sell	er: 	
	•	lities of false statemedge and belief is a			examined by me and ate.
Authorized Si		Owner, Partner or Corpo	orate Officer)	Title	Date