

Tax Status of Applicant

The applicant is (is not) claiming exemption from sales tax for the following reason:

TAX EXEMPTION REQUIRED BEFORE ORDER CAN BE PROCESSED

___ RESALE – Please complete the exemption certificate below.

___ INGREDIENT or COMPONENT PART – Please complete the exemption certificate below.

___ TAX EXEMPT ORGANIZATION – Please furnish appropriate exemption certificate.

___ GOVERNMENT AGENCY - Please furnish appropriate exemption certificate.

___ OTHER REASON: _____

BLANKET EXEMPTION CERTIFICATE

Issued to Howell Mouldings, L.C.	Address 201 Overland Park Place	City, State, Zip Code New Century, Kansas 66031	
Name of Firm (Buyer)			Engaged as a Registered <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Lessor <input type="checkbox"/> Other _____
Street Address or P.O. Box Number			
City, State, Zip Code			
The above named firm 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 wholesale, resale, ingredients or components or a new product to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing or renting.			
Product or Services Rendered			
State	State ID Number	City or State	State Registration or I.D. Number
City or State	State Registration or I.D. Number	City or State	State Registration or I.D. Number
City or State	State Registration or I.D. Number	City or State	State Registration or I.D. Number
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 Purchased from the Seller			
I swear or affirm that the information on this form is true and correct as to every material matter.			
Authorized Signature (Owner, Partner or Corporate Officer)		Title	Date

This exemption is not valid unless SIGNED and DATED.

_____ **For A/R Dept. Use Only** _____

Customer Account Number: _____

Location Number: _____

Date Received: _____

Note: We will accept your own certificate on the appropriate form used by the state(s) in which you do business in lieu of this form.