

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	registered
			0.	. () Wholesaler) Retailer) Manufacturer) Lessor
	City	State	Zip	. () Other (specify)
chases to us a new product to	and that a	the below listed states any such purchases ar old, leased, or rented i g, retailing, manufactu	e for wholesale, renther normal cour	esale, ingredients se of our busines	s or components of a s. We are in the
City or State		State Registration or I.D. No.	City or State		Registration D. No.
City or State		State Registration or I.D. No.	City or State		Registration D. No.
City or State		State Registration or I.D. No.	City or State		Registration D. No.
make it subject when state lave each order wh	t to a sa v so prov ich we n	any property so purchales or use tax we will vides or inform the sel hay hereafter give to ying or revoked by the control of t	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 purcha	sed from the selle	er:	
		nalties of false statem ledge and belief is a t			
Authorized Sig	ınature	(Owner, Partner or Corpo	orate Officer)	Title	Date