

P.O. Box 96 501 West Cumberland Road St. Elmo, IL 62458 800/522-9830 618/829-3218 618/829-5711 Fax

## **CERTIFICATE OF RESALE – BLANKET CERTIFICATE**

The undersigned hereby certifies that all tangible personal property hereafter purchased is for the purpose of resale, and assumes liability for payment of Retailers Occupation Tax with respect to receipts from the resale of this property to users or consumers.

This certificate shall be considered a part of each order which shall be given unless such order otherwise specifies.

Date:			
Business Sole Proprietor	Partnershi	Corpor	ration
Business Name:			
Street Address:			
City, State, Zip Code:			
Business Phone:	Business Fax:		
Federal & State Tax I.D. #	State	D&B #	
Name(s), Address(es) & Phone Numbers of al Must be included	-		•
List the of Contact(s) & Authorized Buyer(s) for P  Must be included			
Contact for Invoices Due (A/P); Name, Title,	Address, Phon	e, Fax & Emai	1 Must be included
NOTE: This certificate cannot be acc	epted unless	this form is	completely executed.

must include all information including registration number.