

Sales and Use Tax Certificate of Exemption

TO BE RETAINED IN THE SELLER'S RECORDS – DO NOT SEND TO TREASURY.

This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1 – CHECK ONE OF THE FOLLOWING

- One time purchase Blanket certificate (Note: A blanket certificate is valid for four years from the date of signature unless an earlier expiration date is listed below)
Expiration date, if less than four years: _____.

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made under this certificate from _____ BAUDVILLE INC. _____ and certifies
(Vendor's Name)
that this claim is based upon the purchaser's proposed use of the items or services, or the status of the purchaser.

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

- All items purchased
 Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

- For Resale at Retail – Sales Tax Registration Number: _____
 For Resale at Wholesale – No Number Required
 For Lease – Use Tax Registration Number: _____
 Agricultural Production – No Number Required (Describe) _____
 Industrial Processing – No Number Required
 Government Entity, Nonprofit School, Nonprofit Hospital, and Church (Select type of organization.)
 Nonprofit Internal Revenue Code Section 501(c)(4) Exempt Organizations (Attach copy of IRS letter ruling).
 Other (explain): _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

_____	_____		
Purchaser	Street Address		
_____	_____	_____	_____
Area Code / Telephone No.	City	State	Zip Code
_____	_____		
Signature and Title	Date Signed		
_____	_____		
Name (Print or Type)	FEIN Number		