

## SALES TAX RULES AND REGULATIONS – RESALE CARD

To Our Customers:

In compliance with Sales and Use Tax Laws it is necessary that we have from all of our customers a fully completed and signed resale card, with their State Sales Tax Permit Number indicated, to show that the merchandise has been purchased for resale.

The good faith of the seller will be questioned if Platinum Packaging has knowledge of facts which give rise to a reasonable inference that the purchaser does not intend to resell the property, for example, knowledge that a purchaser of particular merchandise is not engaged in the business of selling that kind of merchandise.

Under "Description of property to be purchased" there may appear:

- (1) Either an itemized list of that particular property to be purchased for resale, or
- (2) A general description of the kind of property to be purchased for resale. Such card is good until revoked in writing.

**Please fully complete and sign the attached resale card and return this to us ASAP.**

**CUSTOMER NAME** \_\_\_\_\_

**I HEREBY CERTIFY**, That I hold valid seller's permit No. \_\_\_\_\_

Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling

\_\_\_\_\_ that the tangible personal property described herein which I shall purchase from Platinum Packaging will be resold by me in the form of tangible personal property; PROVIDED, however that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

**I have initialed the merchandise categories I will purchase for resale.**

(C) Cartons & Boxes \_\_\_\_

(O) Office Supply \_\_\_\_

(E) Pkg Equipment \_\_\_\_

(R) Retail Food Pkg Material \_\_\_\_

(F) Food Processing Materials \_\_\_\_

(S) Shipping/Packing Supplies \_\_\_\_

(J) Janitorial Supplies \_\_\_\_

Other \_\_\_\_

Dated: \_\_\_\_\_ 20 \_\_\_\_\_

Authorized  
Signature \_\_\_\_\_

at \_\_\_\_\_

By and Title \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_