

SALES & USE TAX CERTIFICATE OF EXEMPTION

DO NOT USE THIS FORM FOR: AL, CT, MA, NY, VA or WY. You will need to obtain a certificate from your state or local government.
PLEASE PRINT ALL INFORMATION CLEARLY

The undersigned hereby certifies that the articles of tangible personal property purchased from Ric Parks 3924199 are exempt from:

_____ State Sales and/or Use Tax (and local option taxes if applicable) since they are to be used for:

 (State sale was made)

- One Time Purchase
 Blanket Certificate

Reason Code 34

Choose Reason Code from the grid and enter the appropriate number in the box above.

***If Reason Code 34, Resale:**
 Please indicate the product(s) that the resale certificate will be applicable to and provide a description of the manner in which the customer will resell the product to the end consumer.

03	U.S. Government
04	State Government
11	APO/FPO Military Zip Code
20	Direct Pay Permit
25	Exempt Organization
26	Native American (Living on Reservation) Tribe
*34	Resale Certificate
35	Agricultural Production
42	Non-Profit (501C3 or 501C4 Letter from State)
43	Manufacturer/Industrial Processing
44	Local Government
45	Religious Organization
57	Foreign Diplomat
58	School (Non-Profit)
61	Urban Enterprise Zone

Note: Due to the tax exemption being set at the order level, all items on the order must be exempt. For non-exempted items you must place a separate order.

Note: If you have obtained a State or Federal Notification for the exempt entity please attach it to this form.

*Description of Product(s) Purchased **(34)** _____

In the event this Sales Tax Exemption Certificate is disallowed, the purchaser promises to reimburse the seller for the amount of tax involved.

Name of Customer _____

Street Address _____

City/State/Zip _____

Phone # _____ Type of exemption (farmer, hospital, gov't, etc.) _____

Print Name & Title of purchaser (manager, owner, etc.) _____

Date signed _____ State Sales License Number _____ -OR-

State Tax EXEMPTION Number _____ -OR- Social Security Number _____

Signature of Customer Representative _____

Mail completed form to:
 Amway Global
 Sales Tax Dept. SC-1R
 PO Box 430
 Grand Rapids, MI 49501-0430

OR
 Fax to: 1-616-682-4113

NAME _____

ID# 3924199
 (Amway IBO or Customer Number)

PLEASE NOTE: All information fields must be completed or this form may be considered invalid.