

The "Write It Down!"® Series

Journals Unlimited, Inc.

DATE:

TO:

FROM: Accounts Receivable

SUBJECT:

Dear Journals Unlimited customer,

By law we are required to have a copy of your Resale or Tax Exempt certificate on file, with a manager's / owner's signature. Please complete, sign and return the form below or submit a copy of your current year's Resale / Tax Exempt certificate.

Your IMMEDIATE COMPLIANCE is appreciated.

Thank you,

Accounts Receivable Fax: (800) 897-8529 Email: orders@journalsunlimited.com

SALES TAX EXEMPTION CERTIFICATE - MULTI-JURISDICTION

Issued to (Seller) JOURNALS UNLIMITED, INC. Addresss P.O. Box 1882, Bay City, MI 48707								
I CERTIFY THAT	Name of Firm (Buyer)							
	Street Address or Post Office Box Number							
	City			State		ZIP C	ode	
QUALIFIES AS (Check each applicable item)	U WHOLESALER	RETAILER	MANUFACTURE	R	LESSOR	CHARITABLE OR RELIGIOUS	S	
	POLITICAL SUBDIVISION OR GOVERNTMENTAL AGENCY OTHER (Specify)							
	and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the normal course of							
	our business which is			or that such purchases are exempt from payment of sales or use tax in				
	such states and cities	s because the buyer is: \Box	CHARITABLE OR REL	IGIOUS	D POL	ITICAL SUBDIVISION OR GOVE	RNMENTAL AGENCY	
OTHERWISE EXEMPT BY STATUTE (Specify)								
City or State		State Registration or ID Number		City or State		State Registration or ID N	State Registration or ID Number	
City or State		State Registration or ID Number		City or State		State Registration or ID N	State Registration or ID Number	
City or State		State Registration or ID Number		City or State		State Registration or ID N	State Registration or ID Number	
I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.								
General description of products to be purchased from seller								
Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.								
Authorized Signature (Owner, Partner or Corporate Officer)					Title		Date	

PO Box 1882 • Bay City, MI 48707 (800) 897-8528 phone (800) 897-8529 fax