



The "Write It Down!"<sup>®</sup> Series  
**Journals Unlimited, Inc.**

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

DATE:

TO:

FROM:

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) <b>JOURNALS UNLIMITED, INC.</b>   |   | Address <b>P.O. Box 1882, Bay City, MI 48707</b> |                                 |
| <b>I<br/>CERTIFY<br/>THAT</b>  | Name of Firm (Buyer) _____  |  |                                 |
|  | Street Address or Post Office Box Number _____  |  |                                 |
|  | City _____  | State _____                                      | ZIP Code _____                  |
| <b>QUALIFIES<br/>AS<br/>(Check each<br/>applicable<br/>item)</b>   | <input type="checkbox"/> WHOLESALER <input type="checkbox"/> RETAILER <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> LESSOR <input type="checkbox"/> CHARITABLE OR RELIGIOUS<br><input type="checkbox"/> POLITICAL SUBDIVISION OR GOVERNMENTAL AGENCY <input type="checkbox"/> 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 because the buyer is: |  |                                 |
|  | <input type="checkbox"/> CHARITABLE OR RELIGIOUS <input type="checkbox"/> POLITICAL SUBDIVISION OR GOVERNMENTAL AGENCY<br><input type="checkbox"/> OTHERWISE EXEMPT BY STATUTE (Specify) _____  |  |                                 |
| City or State  | State Registration or ID Number   | City or State                                    | State Registration or ID Number |
| City or State  | State Registration or ID Number   | City or State                                    | State Registration or ID Number |
| City or State  | State Registration or ID Number   | City or State                                    | State Registration or ID Number |
| <i>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.</i> |   |  |                                 |
| General description of products to be purchased from seller  |   |  |                                 |
| <i>Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.</i>  |   |  |                                 |
| Authorized Signature (Owner, Partner or Corporate Officer)   |   | Title  | Date                            |