



Customer #

Georgia Streamlined Sales and Use Tax Agreement

Certificate of Exemption

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption.

- 1. Check if you are attaching the Multi-state Supplemental form. GA If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption. 2. Check if this certificate is for a single purchase and enter the related invoice/purchase order #

3. Please print Name of purchaser Business Address City State Zip Code Purchaser's Tax ID Number State of Issue Country of Issue If no Tax ID Number FEIN Driver's License Number/State Issued ID Number Foreign diplomat number Enter one of the following: State of Issue: Number Name of seller from whom you are purchasing, leasing or renting Multi State Manufacturing dba MS Distribution Seller's address City State Zip code 100 American Way Chicago IL 60609

- 4. Type of business. Circle the number that describes your business 01 Accommodation and food services 02 Agricultural, forestry, fishing, hunting 03 Construction 04 Finance and insurance 05 Information, publishing and communications 06 Manufacturing 07 Mining 08 Real estate 09 Rental and leasing 10 Retail trade 11 Transportation and warehousing 12 Utilities 13 Wholesale trade 14 Business services 15 Professional services 16 Education and health-care services 17 Nonprofit organization 18 Government 19 Not a business 20 Other (explain)

- 5. Reason for exemption. Circle the letter that identifies the reason for the exemption. A Federal government (department) B State or local government (name) C Tribal government (name) D Foreign diplomat # E Charitable organization # F Religious or Educational organization G Resale # H Agricultural production # I Industrial production/manufacturing # J Direct pay permit # K Direct mail # L Other (explain)

6. Sign here. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. Signature of Authorized Purchaser Print Name Here Title Date

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