

SALES TAX EXEMPTION FORM

CUSTOMER NAME: _____

DATE: _____

AD1: _____

AD2: _____

CITY: _____ ST: _____ ZIP: _____

ATTENTION: _____

For the purpose of reporting our sales tax exemptions to the State Board of Tax Administration, please fill out the following information regarding your Tax Status:

TAXABLE

TAX EXEMPT - Please indicate the reason for NOT including tax in our billings to you. Check the statement below which applies to your business.

____ Resale

____ Industrial Processing

____ Interstate Commerce

____ Government

____ Educational Institute

____ Orphanage or Homes for the Aged

____ Hospital

____ Other (explain): _____

We, the customer, agree that within 30 days of any cancellation of our license, or at any time we should be billed for tax, we will so notify Whitlam Label Company. The undersigned further agrees to reimburse seller, Whitlam Label Company, for any deficiencies imposed by the State of Michigan for failure to pay the Sales Tax applicable to the tangible personal property purchased from them.

Our Sales Tax License Number: _____

Authorized Signature: _____

Title: _____

DATED: _____

Please read and check the information you have supplied. Make any corrections on your above shown address, and mail or fax this form to Whitlam Label's Accounting Department (see below) at your earliest convenience. Thank you in advance for your cooperation.

Whitlam Label Company, Inc.
Also d/b/a Whitlam Engineered Identification Solutions™
Attention: Accounts Receivable
24800 Sherwood Avenue or Fax: (586) 757-3357
Center Line, MI 48015