



AMERICA'S BEST SUPPLIER

2686 Northridge Dr. NW, Grand Rapids, MI 49544

Phone: 800-968-7550 Fax: 800-968-7560

Michigan Sales and Use Tax Certificate of Exemption

TO BE RETAINED IN THE SELLER'S RECORDS - DO NOT SEND TO TREASURY.

This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1 - CHECK ONE OF THE FOLLOWING

One time purchase

Blanket certificate (Note: A blanket certificate is valid for four years from the date of signature unless an earlier expiration date is listed below)
Expiration date, if less than four years: _____.

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made under this certificate from ONE STOP INC. and certifies that this claim is based upon the purchaser's proposed use of the items or services, or the status of the purchaser.

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

All items purchased

Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

For Resale at Retail - Sales Tax Registration Number: _____

For Resale at Wholesale - No Number Required

For Lease - Use Tax Registration Number: _____

Agricultural Production - No Number Required (Describe) _____

Industrial Processing - No Number Required

Government Entity, Nonprofit School, Nonprofit Hospital, and Church (Circle type of organization.)

Nonprofit Internal Revenue Code Section 501(c)(3) and 501(c)(4) Exempt Organizations (Attach copy of IRS letter ruling).

Nonprofit Organizations with an Exempt letter from the State of Michigan (Attach a copy of State's letter)

Other (explain): _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Purchaser _____ Street Address _____

Area Code / Telephone No. _____ City _____ State _____ Zip Code _____

Signature and Title _____ Date Signed _____

Name (Print or Type) _____ Social Security No. or FEIN _____

One Stop Account Number _____