

UNIFORM SALES & USE TAX CERTIFICATE  
MULTIJURISDICTION

ISSUED TO SELLER: SPECTRUM INDUSTRIES, INC.  
1600 JOHNSON STREET  
PO BOX 400  
CHIPPEWA FALLS, WI 54729

I CERTIFY THAT:

NAME OF FIRM	_____	IS ENGAGED AS A REGISTERED
ADDRESS	_____	WHOLESALER _____
	_____	RETAILER _____
	_____	MANUFACTURER _____
	_____	LESSOR _____
	_____	OTHER _____

AND IS REGISTERED WITH THE BELOW STATES AND CITIES WITHIN WHICH YOUR FIRM WOULD DELIVER PURCHASES TO US AND THAT ANY SUCH PURCHASES ARE FOR WHOLESALE, RESALE, INGREDIENTS OR COMPONENTS OF A NEW PRODUCT TO BE RESOLD, LEASED, OR RENTED IN THE NORMAL COURSE OF BUSINESS

DESCRIPTION OF BUSINESS \_\_\_\_\_

GENERAL DESCRIPTION OF PRODUCTS TO BE PURCHASED FROM SELLER \_\_\_\_\_

<u>STATE</u>	<u>RESELLERS' OR EXEMPTION NO.</u>	<u>STATE</u>	<u>RESELLERS' OR EXEMPTION NO.</u>
AL	_____	MT	_____
AK	_____	NE	_____
AZ	_____	NV	_____
AR	_____	NH	_____
CA	_____	NJ	_____
CO	_____	NM	_____
CT	_____	NY	_____
DE	_____	NC	_____
DC	_____	ND	_____
FL	*USE FL FORM*	OH	_____
GA	_____	OK	_____
HI	_____	OR	_____
ID	_____	PA	_____
IL	_____	RI	_____
IN	_____	SC	_____
IA	_____	SD	_____
KS	_____	TN	_____
KY	_____	TX	_____
LA	_____	UT	_____
ME	_____	VT	_____
MD	_____	VA	*USE VA FORM*
MA	_____	WA	_____
MI	_____	WV	_____
MN	_____	WI	_____
MS	_____	WY	_____
MO	_____		_____

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: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

\*\* THIS FORM IS NOT VALID FOR FLORIDA AND VIRGINIA EXEMPTIONS. PLEASE CONTACT US FOR THE APPROPRIATE FORM, IF YOU ANTICIPATE SHIPMENTS TO THESE STATES. \*\*