



P.O. BOX 530566 27790 JOY ROAD
LIVONIA, MI 48150
PH: 734-421-3636 FX: 734-421-0259

ATTN: ACCOUNTING DEPARTMENT/ACCOUNTS PAYABLE

State law requires us to update our customer sales tax exemption certificates. Please complete the following sales tax exemption certificate and fax to 734-421-0259 or mail to the above address, ATTN: Brittany Koenig. IF WE DO NOT RECEIVE A CERTIFICATE OF EXEMPTION WITHIN 14 DAYS, YOUR ACCOUNT WILL BE SUBJECT TO THE APPROPRIATE SALES TAX.

BLANKET SALES & USE TAX EXEMPTION CERTIFICATE

FOR THE STATE OF MICHIGAN, OHIO, LIST OTHER(S) _____

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

ITEMS COVERED BY THIS CERTIFICATE

- All items purchased
Limited to the following items _____

BASIS FOR EXEMPTION CLAIM

- For Resale at Retail - Sales Tax Registration Number _____
For Resale at Wholesale
For Lease - Use Tax Registration Number _____
Agricultural Production (Describe) _____
Industrial Processing
Government Entity, Nonprofit School, Nonprofit Hospital, Church (Circle one)
Nonprofit Internal Revenue Code Section 510(c)(3) and 501(c)(4) Exempt Organizations (Attach a copy of IRS letter ruling)
Nonprofit Organizations with an Exempt letter from the State (Attach a copy of State's letter)
Other (Explain) _____

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. This claim for sales & use tax exemption is for all items purchased unless otherwise indicated. In the event that this claim is disallowed, I accept full responsibility for the payment of the tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

SIGNATURE & TITLE

DATE SIGNED

NAME (PRINT OR TYPE)

FEIN OR SOCIAL SECURITY NUMBER

COMPANY NAME: _____