Label Express

2201 Thorndale Avenue New Brighton, MN 55112 Phone: (763) 398-0127

Fax: (888) 780-5135



TO OUR CUSTOMERS:

In order to comply with the majority of state and local tax law requirements, it is necessary that we have in our files a properly executed exemption certificate from all of our customers who claim sales tax exemption. If we do not have this certificate, we are obligated to collect the tax for the state in which the property is delivered.

If you are entitled to sales tax exemption, please complete the certificate and either mail or fax to the above number at your earliest convenience.

Your cooperation is greatly appreciated.

UNIFORM SALES TAX & USE TAX CERTIFICATE FORM Sales Tax Exemption Certificate Multi-Jurisdiction Issued to (Seller) Label Express Die Cut Certify That: Name of Firm (Buyer) Street Address or P.O. Box No. Street Address or P.O. Box No. Hand Sales Tax Exemption Certificate Multi-Jurisdiction Address 2201 Thorndale Avenue New Brighton, MN 55112 Is engaged as a registered: Wholesaler Retailer Retailer Manufacturer Lessor (See Instructions)			
Sales Tax Exemption Certificate Multi-Jurisdiction Issued to (Seller) Label Express Die Cut Certify That: Name of Firm (Buyer) Street Address or P.O. Box No. Sales Tax Exemption Certificate Multi-Jurisdiction Address 2201 Thorndale Avenue New Brighton, MN 55112 Is engaged as a registered: Wholesaler Retailer Retailer Manufacturer			
Issued to (Seller) Label Express Die Cut Label Express Die Cut Certify That: Name of Firm (Buyer) Street Address or P.O. Box No. Multi-Jurisdiction Address 2201 Thorndale Avenue New Brighton, MN 55112 Is engaged as a registered:WholesalerRetailer Manufacturer			
Issued to (Seller) Label Express Die Cut 2201 Thorndale Avenue New Brighton, MN 55112 I Certify That: Name of Firm (Buyer) Is engaged as a registered: Wholesaler Retailer Retailer Manufacturer			
Label Express Die Cut Certify That: Name of Firm (Buyer) Is engaged as a registered: Wholesaler Retailer Street Address or P.O. Box No. Manufacturer			
Street Address or P.O. Box No. Wholesaler Retailer Manufacturer			
Street Address or P.O. Box No. Manufacturer			
	Other (Specify) and		
City State Zip — Other (Specify) and			
is registered with the below listed states and cities within which your firm would deliver purchases to us and that such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased or rente the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting following:	ed in		
Describe the general nature of you business:			
City and State State Registration or I.D. No.			
City and State State Registration or I.D. No.			
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I further certify that if any property purchased tax free is used or consumed by the firm as to make it subject to Sales or Use Ta will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. certificate shall be part of each order, which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the City or State.			
General description of Product to be purchased from the seller.			
Pressure sensitive papers, films and specialty products.			
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 (Owner, Partner or Corporate Officer) Title Date			