

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Ship To Address: _____

City: _____ State: _____ Zip: _____

• Individual • Partnership • Corporation Email Address: _____

Business Start Date _____ Phone #: _____ Fax #: _____

Company Officers:

Name: _____ Home Phone #: _____

Address: _____ S/S Number: _____

Address: _____

Name: _____ Home Phone #: _____

Address: _____ S/S Number: _____

Address: _____

Bank References:

Bank Name: _____ Account #: _____ Contact: _____

Address: _____ Phone #: _____

Bank Name: _____ Account #: _____ Contact: _____

Address: _____ Phone #: _____

Trade References: Minimum of 3 Required.

Vendor Name: _____ Account #: _____ Contact: _____

Address: _____ Phone #: _____

Vendor Name: _____ Account #: _____ Contact: _____

Address: _____ Phone #: _____

Vendor Name: _____ Account #: _____ Contact: _____

Address: _____ Phone #: _____

Please Fax Back to 813-265-0380

RESALE CERTIFICATE

DATE _____

BUSINESS NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

OWNER _____ PHONE _____

TAX NUMBER _____ FEDERAL ID # _____

This is to certify that all material, merchandise, or goods purchased from:

RDI @ TampaBay, INC.
PO Box 340010
TAMPA, FL 33694-0010
(813) 269-7379
(813) 265-0380 Fax

after above date is purchased for the following purpose:

- Resale as tangible personal property.
- County, State, City, Public or Government Agency.
- Export
- Church
- To be incorporated as a material or part of other tangible personal property to be produced for sale by manufacturing, assembling, processing or refining.

Understands that this certificate may not be used to purchase items or services which are not for resale and that he will pay the use tax on tangible personal property or services purchased pursuant to this certificate and subsequently used or consumed in a taxable manner, and that any erroneous or false use of this certificate will subject him to payment of tax plus penalties and interest.

Included is a copy of RDI Policies & Procedures. Your signature confirms that you have read, understand and agree to them.

SIGNATURE OF OFFICER _____

TITLE _____