



# Sales Tax Exemption Certificate

## Multi - Jurisdiction

Customer #

Seller Name Mountain Rose Herbs		
Address PO Box 50220		
City Eugene	State OR	ZIP 97405

**I Certify That**

Name of Firm (Buyer)		
Address		
City	State	ZIP

**Qualifies As (Check each applicable item)**

- Wholesaler                     
  Retailer                     
  Manufacturer                     
  Charitable or Religious  
 Political Subdivision or Governmental Agency                     
  Other (Specify)

If Other, specify here

1) and is registered with the below listed states and cities within which your firm would deliver purchases to us which are **for resale** or leased **by us in the normal course of business** which is: \_\_\_\_\_ or

2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is:

- Political Subdivision or Governmental Agency   
  Charitable or Religious   
  Otherwise Exempt By Statute (Specify)

If Otherwise Exempt By Statute, specify here

City or State	State Registration or ID Number	City or State	State Registration or ID Number

**If the list of states and cities is more than six(6), attach a list to this certificate.**

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sale or Use Tax we will pay the tax due direct to proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be called until canceled by us in writing or revoked by the city or state.

General Description of products to be purchased from seller

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
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