



Atlanta 800-444-8962  
Fax 800-329-2733  
3505 Newpoint Pl., Ste 450  
Lawrenceville, GA 30043

Los Angeles  
Fax (626) 854-6933  
1041 S. Lawson Street  
City of Industry, CA 91748

Dallas 800-745-7850  
Fax 972-497-9031  
1800 10th St., Suite 100  
Plano TX 75074

Miami 800-592-0199  
Fax 305-592-7655  
1729 N.W. 84th Avenue  
Miami, FL 33126

(Revised 09.11)

## Blanket Tax Certificate of Resale or Exemption

NOTE: This form IS NOT VALID for the following states: HI, IN, KY, LA, NC, NJ, NY, OH, VA, WA Please use the appropriate form for these states:

This is to certify that all tangible personal property purchased after \_\_\_\_\_ (date) from **SED International (SED)** is purchased or leased for the following purpose(s) as checked in the space provided:

1. ( ) Resale or rental as tangible personal property.\*
2. ( ) To be incorporated as a material or part of other tangible property to be produced for sale by manufacturing, assembling, processing or refining.\*
3. ( ) To be incorporated into items of intangible personal property manufactured, produced, compounded, processed or fabricated for ones own use.\*
4. ( ) Exported under the provisions of applicable state rules and laws.\*
5. ( ) Use by a religious, educational or charitable institution.\*\*
6. ( ) Other (describe): \_\_\_\_\_

**\*Denotes that the Certificate of Resale number and date is required.**

**\*\* Denotes that the Consumer's Certificate of Exemption number and date is required.**

General description of products to be purchased from the Seller: **Computer and Cellular Phone Products**

This certificate shall be considered a part of each order we shall give provided such order contains our certificate number. This certificate is to continue in force until revoked by written notice to the seller or supplier and the Department of Revenue.

I declare, under penalties of perjury, that this certificate has been examined by me and to the best of my knowledge and belief is true and correct, made in good faith, pursuant to the sales and use tax laws of the state(s) listed below.

### YOU MUST FILL IN THE APPROPRIATE CERTIFICATE NUMBERS

- \* Sales Tax Exempt Number: \_\_\_\_\_ \* State Issued by: \_\_\_\_\_
- \* Effective date of Certificate: \_\_\_\_\_
- \* Additional States (including certificate numbers and effective dates): \_\_\_\_\_
- \_\_\_\_\_
- \* Federal Identification or Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Location Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Authorized Representative

**Please attach a photocopy of the Certificate of Registration or the Consumer Certificate of Exemption.**

NOTE: For all Georgia Customers, we must have the original copy of this form mailed to us.