

## **RESALE CERTIFICATE**

| 1.  | Name of Seller:  |
|-----|--|
| 2.  | Name of Buyer/Business:  |
| 3.  | Address of Buyer:  |
|     | Street, City, State & Zip Code   |
| 4.  | Buyer's Tax Registration Number:   |
| 5.  | Buyer is in the business of:   |
| 6.  | Types of items purchased for resale:   |
|     |  |
|     |  |
|     |  |
|     | The buyer certifies that it is purchasing the items listed on line 6 (please check appropriate box):   |
|     | For resale in the regular course of business without intervening use.  |
|     | For use as an ingredient or component part of a new article of tangible personal property to be produced for sale,   |
|     | as a chemical to be used in processing a new article of tangible personal property to be produced for sale, or   |
|     | for use as feed, seed, seedlings, fertilizer, or spray materials in its capacity as a farmer.  |
|     | The buyer acknowledges that it is solely responsible for purchasing within the categories listed on line 6. The buyer acknowledges that misuse of the resale |
|     | privilege subjects the buyer to a <b>penalty of 50 percent of the tax due</b> , in addition to the tax, interest, and any other penalties imposed by law.    |
| Pr  | int Name:  |
|     | Name of Person Authorized By the Buyer to Sign the Resale Certificate  |
| Sig | Signature:  Signature of Authorized Agent of the Buyer   |
| ъ.  |  |
| ΕĪ  | fective Date: through (Not To Exceed 4 Years)  |
| Da  | ate Signed:  |
|     | Seller must maintain a copy. <i>Please do not send to Department of Revenue</i> .  Reference Rule and Statute (RCW 82.08.130 and WAC 458.20.102)             |

For tax assistance, visit http://dor.wa.gov or call 1-800-647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985.