

**SYLVESTER ELECTRONICS**  
16 DEXTER ST  
CUMBERLAND RI 02864-7807  
*DISTRIBUTOR OF ELECTRONIC EQUIPMENT*  
800 225-5568 401 725-1630 FAX 401 724-0469  
ELECTRONIC CATALOG WEB SITE <http://www.sylves.com>

DEAR CUSTOMER:

PLEASE FILL OUT THE ENCLOSED RESALE TAX CERTIFICATE(S). WE HAVE MARKED THE FOLLOWING SPACES ON THE FORM THAT MUST BE COMPLETED. THE STATE REQUIRES THAT AN OFFICER OR PROPRIETOR OF THE COMPANY SIGN THIS FORM.

- ① RESALE TAX IDENTIFICATION NUMBER
- ② NAME AND ADDRESS OF BUSINESS AS LISTED ON THE RESALE TAX PERMIT
- ③ PRIMARY NATURE OF THE BUSINESS ENGAGED IN (RETAIL ELECTRONICS, AUTO REPAIR, ETC)
- ④ SIGNATURE, DATE AND TITLE OF PERSON SIGNING THE FORM
- ⑤ PRINTED NAME OF THE SIGNATURE
- ⑥ OTHER INFORMATION REQUIRED BY YOUR STATE.
- ⑦ RI RESALE TAX CERTIFICATES ONLY. RI REQUIRES THAT YOU LIST THE CITY & STATE WHERE YOU SIGNED THE FORM (EXAMPLE: BOSTON MA, HARTFORD CT, ETC)

REGARDING RHODE ISLAND RESALE TAX CERTIFICATES

IF YOU ARE LOCATED OUT OF RI AND WILL BE PHYSICALLY COMING TO THE STATE OF RI TO PICKUP MERCHANDISE, WE ARE REQUIRED BY THE STATE OF RI TO HAVE A COMPLETED RI FORM ON FILE. WHEN FILLING OUT THE RI FORM ENTER YOUR HOME STATE SALES TAX NUMBER ON THE RI FORM AT LOCATION ONE.

THE ENCLOSED RESALE TAX CERTIFICATE(S) MUST BE COMPLETELY FILLED OUT TO BE VALID. PLEASE MAIL THIS FORM(S) BACK TO US. DO NOT FAX IT, AS THE STATE REQUIRES WE HAVE A SIGNED ORIGINAL FORM ON FILE. IF YOU HAVE ANY QUESTIONS PLEASE CALL US AT 800 225-5568 OR 401 725-1630. THANK YOU FOR YOUR COOPERATION.

SYLVESTER ELECTRONICS

FORM(S) ENCLOSED

CT MA ME RI VT



STATE OF RHODE ISLAND  
DEPARTMENT OF ADMINISTRATION — DIVISION OF TAXATION  
SALES AND USE TAX

RESALE CERTIFICATE

I HEREBY CERTIFY under penalties of perjury that I hold valid Permit to Make  
**1** Sales at Retail No. \_\_\_\_\_ issued pursuant to the Rhode Island Sales and Use Tax Act,  
that I am engaged in the business of selling **3** \_\_\_\_\_ ; that the  
tangible personal property described herein which I shall purchase from:

SYLVESTER ELECTRONICS

will be resold by me in the form of tangible personal property; provided, however, that in  
the event any of such property is used for any purpose other than retention, demonstration  
or display while holding it for sale in the regular course of business, it is understood that I  
am required by the above Act to report and pay tax, measured by the purchase price of such  
property.

Description of property to be purchased:

ELECTRONIC EQUIPMENT, AUTOMOTIVE ELECTRONIC  
RELATED ITEMS AND ACCESSORIES

Name of Purchaser **2** \_\_\_\_\_

Address \_\_\_\_\_

**4** Dated: \_\_\_\_\_ 19 \_\_\_\_\_

**7** at \_\_\_\_\_

**4** \_\_\_\_\_

SIGNATURE

TITLE

PLEASE PRINT NAME OF ABOVE SIGNATURE **5** \_\_\_\_\_



**MAINE BUREAU OF TAXATION  
SALES/EXCISE TAX DIVISION**

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**RESALE CERTIFICATE**

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I HEREBY CERTIFY: That I hold valid seller's registration certificate

**1** No. \_\_\_\_\_ issued pursuant to the Sales and Use Tax Law, that

I am engaged in the business of selling **3** \_\_\_\_\_;

that the tangible personal property described herein which I shall purchase

from SYLVESTER ELECTONICS, CUMBERLAND RI will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property.

**Description of property to be purchased:**

ELECTONIC EQUIPMENT, AUTOMOTIVE ELECTRONIC RELATED ITEMS AND ACCESSORIES

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Purchaser **2** \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Signature **4** \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_ 19 \_\_\_\_\_

ST-P-69

**5** \_\_\_\_\_

Please print name of above signature