

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



RESALE AND EXEMPT ORGANIZATION CERTIFICATE OF EXEMPTION
 TITLE 32, 9707(5); 9743(1-3)

Supplier's Name SYLVESTER ELECTRONICS
16 DEXTER ST CUMBERLAND RI 02864-7807
 (Street) (City, Town or PO) (State and Zip)

() Single Purchase - Enter Purchase Price: \$ _____
 (●) Multiple Purchases - Description of purchased articles: ELECTRONIC
EQUIPMENT, AUTOMOTIVE ELECTRONIC RELATED ITEMS & ACCESSORIES

- Check applicable blocks
- (3) () Purchase by Retailer or Wholesaler for Resale
 - () Purchase by 501(c) (3) Organization which is religious, educational or scientific
 - () Direct purchase by Federal or Vermont Governmental Unit.
 - () Purchase by Volunteer Fire Department, Ambulance Company, Rescue Squad (Registration is not required.)

Name of Purchaser: _____

Trading as: (2) _____
 (Street) (City, Town or PO) (State and Zip)

Vermont Registration Certificate Number: (1) _____

Federal Identification Number: (6) _____
 See Instructions - 3(d)

Purchaser's primary business: (3) _____

I certify that I am authorized to sign this Certificate of Exemption and that, to the best of my knowledge and belief, it is true and correct, made in good faith, pursuant to the State of Vermont Sales and Use Tax Law.

(4) By: _____ Date _____
 (Signature) (Title)

Please print name of above signature (5) _____

(If the purchaser is a corporation, an officer of the corporation or other person authorized to sign on behalf of the corporation must sign; if a partnership, one partner must sign; if an unincorporated association, a member must sign; if a sole proprietorship, the proprietor must sign.)

REPRODUCTION OF FORM - You may reproduce this form without approval.



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
Sales at Retail No. _____ issued pursuant to the Rhode Island Sales and Use Tax Act,
that I am engaged in the business of selling _____; 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 _____

Address _____

Dated: _____ 19 _____

at _____

SIGNATURE

TITLE

PLEASE PRINT NAME OF ABOVE SIGNATURE _____