Michigan Sales and Use Tax Certificate of Exemption

This exemption claim should be completed by the purchaser, provided to the seller, and is not valid unless the information in all four sections is complete. Do not send a copy to Treasury unless one is requested.

SECTION 1: TYPE OF PURCHASE Check one of the following	g:	
A. One time purchase Order or invoice number:	C. Blanket Certificate Expiration Date (maximum of four	years):
B. Blanket Certificate. Recurring Business Relationship		
The purchaser completing this form hereby claims exemption from tax o seller named below. This claim is based upon: the purchaser's proposed		
Seller's Name and Address Precision Roller, 2102 West Qua	ail Sta 1 Phoenix AZ 85027	
Precision Roller, 2102 West Qua	all Ste 1, Phoenix, AZ 65027	
SECTION 2: ITEMS COVERED BY THIS CERTIFICATE Check one of the following:		
1. ☐ All items purchasedÉ() ^••Á(c@ ã^Á(co.).		
2. Limited to the following items:		
SECTION 3: BASIS FOR EXEMPTION CLAIM Check one of the following: 1. For Lease. Purchaser will lease the property and elects to		
registration number:		
2. For Resale at Retail. Enter Sales Tax License Number:		
3. Direct Pay - Authorized to pay use tax on qualified transa		ccount number:
The following exemptions DO NOT require the purchaser to p		
4. Agricultural Production. Enter parcentage:		fit Cabaal Nannrafit Haanital
 Government Entity (U.S. or its instrumentalities, State of I Church or House of Religious Worship (circle type of orga 		ont School, Nonpront Hospital,
6. Contractor (provide Michigan Sales and Use Tax Contrac	•	
7. For Resale at Wholesale		
8. Industrial Processing. Enter percentage: Ã		
9. Nonprofit Internal Revenue Code Section 501(c)(3), 501(c)(4), or 501(c)(19) Exempt Organization.		
10. Nonprofit Organization with an authorized letter issued by Michigan Department of Treasury prior to July 17, 1998 (sales tax) or June 13, 1994 (use tax).		
11. Rolling Stock purchased by an Intersate Motor Carrier.		
12. Other (explain):		
SECTION 4:CERTIFICATION I declare, under penalty of perjury, that the information on this certificate is ources of law applicable to my exemption, and that I have exercised reason. In the event this claim is disallowed, I accept full responsibility for the peninbursement to the vendor for tax and accrued interest	onable care in assuring that my claim of exer	mption is valid under Michigan
Business Name	Ty	pe of Business
Business Address	City, State, Zip Code	
Business Telephone Number (include are code)	Name (Print or Type)	
Sugnature	Title	Date Signed