



Sales Tax Exemption Certificate Multi - Jurisdiction

See page 2 for instructions

Last Name or Business Name	First Name	Middle Initial
Address		
City	State	ZIP

I Certify That

Name of Firm (Buyer) Power Zone Equipment Inc		
Address 46920 County Rd E		
City Center	State CO	ZIP 81125

Qualifies As (Check each applicable item)

Wholesaler
 Retailer
 Manufacturer
 Charitable or Religious
 Political Subdivision or Governmental Agency
 Other (Specify)

If Other, specify here

1) and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the normal course of our business which is rebuilding used industrial equip. or

2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is:

Political Subdivision or Governmental Agency
 Charitable or Religious
 Otherwise Exempt By Statute (Specify)

If Otherwise Exempt By Statute, specify here

City or State Colorado	State Registration or ID Number 04028093-0000	City or State	State Registration or ID Number
City or State	State Registration or ID Number	City or State	State Registration or ID Number
City or State	State Registration or ID Number	City or State	State Registration or ID Number

If the list of states and cities is more than six(6), attach a list to this certificate.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sale or Use Tax we will pay the tax due direct to proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be called until canceled by us in writing or revoked by the city or state.

General Description of products to be purchased from seller

Any items to be used in the process of rebuilding, reselling or manufacturing of industrial equipment and parts.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature (owner, Partner or Corporate Officer) <i>Valeri Kulig</i>	Title Office Manager	Date (MM/DD/YY)
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