

MICHIGAN SALES AND USE TAX CERTIFICATE OF EXEMPTION
TO BE RETAINED IN THE SELLER'S RECORDS – DO NOT SEND TO TREASURY

This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1: CHECK ONE OF THE FOLLOWING

One time purchase

Blanket certificate (Note: A blanket certificate is valid for four years from the date of signature unless an earlier expiration date is listed below)
Expiration date, if less than four years: _____

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made under this certificate from **August Pohl Auto Parts** and certifies that this claim is based upon the purchaser's proposed use of the items or services, or the status of the purchaser.

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

All items purchased

Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

For Resale at Wholesale or Retail – Sales Tax Registration Number: _____

Other (explain): _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

TERMS OF SALE: (PLEASE READ CAREFULLY BEFORE SIGNING)

***The buyer is responsible for any or all freight expense for any part for any reason to or from the point of origin, August Pohl Auto Parts, Benton Harbor, Michigan. BUYER MUST INSPECT ALL PACKAGES FOR DAMAGE BEFORE ACCEPTING SHIPMENT FROM FREIGHT COMPANY.
There will be a 20% restock charge on all returned items.***

Company Name

Street Address

Area Code/Telephone No.

City

State

Zip Code

Signature and Title

Date Signed

Name (Print or Type)

Social Security No. or FEIN

PART REQUESTED: _____

E-MAIL ADDRESS: _____