



ATTN: \_\_\_\_\_  
THANKS: \_\_\_\_\_

PLEASE FILL OUT AND FAX BACK TO (509) 924-3300

WASHINGTON STATE  
DEPARTMENT OF REVENUE

YOUR PHONE# \_\_\_\_\_

1. NAME OF SELLER: \_\_\_\_\_

2. NAME OF BUYER: \_\_\_\_\_

3. ADDRESS OF BUYER: \_\_\_\_\_  
STREET CITY, STATE ZIP

4. BUYER'S UBI/REVENUE REGISTRATION NUMBER: \_\_\_\_\_

5. BUYER IS IN BUSINESS OF : \_\_\_\_\_

6. TYPE OF ITEMS PURCHASED FOR RESALE: \_\_\_\_\_

7. I CERTIFY THAT I AM PURCHASING THE ITEM LISTED ON LINE 6 FOR RESALE IN THE REGULAR COURSE OF BUSINESS WITHOUT INTERVENING USE.

8. I ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR PURCHASING WITHIN THE CATEGORIES LISTED ON LINE 6.

9. I ACKNOWLEDGE THAT MISUSE OF RESALE PRIVILEGE CLAIMED BY USE OF THIS CERTIFICATE SUBJECTS THE BUYER TO A PENALTY OF 50 PERCENT OF THE TAX DUE, IN ADDITION TO THE TAX, INTEREST, ANY OTHER PENALTIES IMPOSED BY LAW.

10. SIGNATURE: \_\_\_\_\_  
SIGNATURE

11. PRINT NAME: \_\_\_\_\_  
PRINT NAME AUTHORIZED TO SIGN FROM LINE 10

12. DATE: \_\_\_\_\_