

**Sales Tax Resale or Exemption Certificate**

Preferred Cash Customer Application

(Please provide complete and legible information with Buyer's Signature, and return to Seller's address or facsimile as shown)

1) Name of Seller:



**Tacoma Screw Products, Inc.**

**Boise**  
2230 South Cole Road, Suite 110, Boise, ID 83709 U.S.A.  
Phone (208) 378-0560 Fax (208) 378-0562

**Twin Falls**  
780 Blue Lakes Boulevard North, Twin Falls, ID 83301 U.S.A.  
Phone (208) 732-0780 Fax (208) 733-0780

*For Seller use only*

Invoice no.: \_\_\_\_\_

User: \_\_\_\_\_

2) Name of Buyer/Business: \_\_\_\_\_

3) Mailing address of Buyer/Business: \_\_\_\_\_

City

State

Zip

4) Street address of Buyer/Business: \_\_\_\_\_

City

State

Zip

5) Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Buying for Resale.** I will sell, rent or lease the goods I am buying in the regular course of my business.

a. Primary nature of business \_\_\_\_\_ Describe products sold/leased/rented \_\_\_\_\_

- b. Check the block that applies:
- Idaho registered retailer, seller's permit number \_\_\_\_\_
  - Wholesale only, no retail sales *(required—see instructions)*
  - Out-of-state retailer, no Idaho business presence

**Producer Exemptions.** I will put the goods purchased to an exempt use in the business indicated below.

Check the block that applies and complete the required information.

- Logging Exemption
- Broadcasting Exemption
- Publishing Free Newspapers
- Production Exemption - check one:  Farming  Ranching  Manufacturing  Processing  Fabricating  Mining

List the products you produce: \_\_\_\_\_

**Exempt Buyer.** All purchases are exempt. Check the block that applies.

- American Indian Tribe
- American Red Cross
- Amtrak
- Center for Independent Living
- Emergency Medical Service Agency
- Federal Government
- Forest Protective Association
- Idaho Community Action Agency
- Idaho Food Bank Warehouse, Inc.
- Idaho Government Entity
- Nonprofit Canal Company
- Nonprofit Hospital
- Nonprofit School
- Senior Citizen Center
- State/Federal Credit Union
- Qualifying Health Organization
- Volunteer Fire Department

**Contractor Exemptions.** This exemption claim applies to the following invoice, purchase order, or job number.

- a. Invoice, purchase order or job number to which this claim applies \_\_\_\_\_
- b. City and state where job is located \_\_\_\_\_
- c. Project owner name \_\_\_\_\_
- d. This exempt project is: (check appropriate box)
  - In a non-taxing state. (Only materials that become part of the real property qualify.)
  - An agricultural irrigation project.
  - For production equipment owned by a producer who qualifies for the production exemption.

**Other Exempt Goods and Buyers** (see instructions).

- American Indian buyer holding Tribal I.D. No. \_\_\_\_\_ The goods must be delivered within the boundaries of the reservation.
- Other goods or entity exempt by law under the following statute \_\_\_\_\_
- Research and development goods for use at INEEL *(required—see instructions)*
- Snow making or grooming equipment, or aerial tramway component

**Buyer: Read and sign.** I certify that all statements I have made on this form are true and correct to the best of my knowledge. I understand that falsification of this certificate for the purpose of evading payment of tax is a misdemeanor. Other penalties may also apply.

Buyer's Signature	Title
Buyer's Federal EIN or Driver's License No. and State of Issue	Date