

Government Liquidation

RE-SALE/TAX-EXEMPTION FAX COVER SHEET

**Please fax this cover sheet along with your
re-sale/tax exemption documentation to 480-609-5840**

Buyers must submit re-sale/tax-exemption documentation from the state in which they are doing business as well as the state(s) where they are purchasing property. Submission of all appropriate tax exemption form(s) must be received by GL before 5:00 p.m. ET on the date the sales event in which the Buyer is participating closes.

Number of pages including cover _____

Customer Name _____

Company Name _____

Fax Number _____

***Customer Number** _____

Please indicate which state's tax forms you are submitting

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Illinois | <input type="checkbox"/> Montana | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Indiana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Iowa | <input type="checkbox"/> Nevada | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Maine | <input type="checkbox"/> New York | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Michigan | <input type="checkbox"/> Ohio | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Guam | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Missouri | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Wyoming |

*Your **customer number** is an eight-digit number starting with 770...and is available on the top left corner of your invoice as well as at the top of the page on your "Profile" tab.

Scottsdale Support Office
15051 N Kierland Blvd. ♦ 3rd Floor ♦ Scottsdale, Arizona 85254
Fax: (480) 609-5840 ♦ Customer Service Hotline: (480) 367-1300
Website: www.govliquidation.com

KANSAS DEPARTMENT OF REVENUE

MULTI-JURISDICTION EXEMPTION CERTIFICATE

NOTE: Check applicable state laws for authority to issue this certificate for the uses indicated below. Review national tax reporting service publications for information about the states that honor this certificate.

Purchaser: _____
Business Name

Address: _____
Street, RR or P. O. Box City State Zip + 4

I hereby certify that I am a:

Wholesaler of: _____
Description of principal product(s)

Retailer of: _____
Description of principal product(s)

Manufacturer of: _____
Description of principal product(s)

Lessor of: _____
Description of principal product(s)

Other: _____
Describe nature of business and principal product(s)

and am registered* in the following cities or states:

City or State _____ Registration number _____

City or State _____ Registration number _____

*NOTE: Wholesalers are not required to register with the Kansas Department of Revenue to collect sales tax.

The tangible personal property described below which I am purchasing from:

Seller: Government Liquidation _____
Business Name

Address: 15051 N. Kierland Blvd., 3rd FL. Scottsdale AZ 85254 _____
Street, RR, or P. O. Box City State Zip + 4

will be for wholesale, resale, or as ingredient or component parts of a new product to be resold, leased, or rented in the normal course of my business.

Description of property purchased with this exemption certificate:

I further certify that if the property purchased with this certificate is used or consumed so as to make it subject to sales or use tax, I will pay the tax due directly to the proper taxing authority or inform the seller to add tax to the billing. This certificate shall be a part of each order that I may give you in the future and is valid until cancelled by me in writing or revoked by the city or state.

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

Authorized Signature: _____ Date: _____

Misuse of this certificate by the seller, lessor, buyer, lessee, or their representative may be punishable by fine, imprisonment, or loss of the right to issue certificates in some cities or states.

CAUTION TO THE SELLER: In order for this certificate to be accepted in good faith, you must exercise care that the property being sold is of a type normally sold wholesale, resold, leased, rented, or used as an ingredient or component part of a product manufactured by the buyer in the usual course of his business. A seller who fails to exercise due care and good judgment in this regard could be held liable for the sales tax due.

THIS CERTIFICATE MUST BE COMPLETED IN ITS ENTIRETY.