

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

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 _____ and certifies
(Vendor's Name)
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 Retail - Sales Tax Registration Number: _____
- For Resale at Wholesale - No Number Required
- For Lease - Use Tax Registration Number: _____
- Agricultural Production - No Number Required (Describe) _____
- Industrial Processing - No Number Required
- Government Entity, Nonprofit School, Nonprofit Hospital, and Church (Circle type of organization.)
- Nonprofit Internal Revenue Code Section 501(c)(3) and 501(c)(4) Exempt Organizations (Attach copy of IRS letter ruling).
- Nonprofit Organizations with an Exempt letter from the State of Michigan (Attach a copy of State's letter)
- 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.

Purchaser Street Address

Area Code / Telephone No. City State Zip Code

Signature and Title Date Signed

Name (Print or Type) Social Security No. or FEIN