

Resale Exemption Certificate

Sales Rep: _____

Please check one of the boxes below which corresponds to your tax-exempt reason.

I have a valid **Resale Certificate** in the following state:

I am **Food Exempt under Regulation 1589. All food packaged does not contain cannabis.**

I hereby certify that:

1. I hold a valid seller's permit (Enter **Reseller number** below):

_____ Expiration Date: _____

2. (FOOD EXEMPT packaging food that does not contain cannabis) I am engaged in the business of selling the following type of tangible personal property:

3. This certificate is for the purchase from **Green Rush Packaging** of the item(s) listed in paragraph 5 below.

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale: **BAGS, POUCHES, CONTAINERS, BOTTLES, JARS, TUBES, CONES, PAPER, ARTWORK, DIES, PLATES, PRINTING AIDS, PACKAGING.**

6. I have read and understand the following:

For your information: A person may be guilty of a misdemeanor under Revenue and Taxation code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

I Authorize this is for all purchases

**Please apply toward SO# _____ Only
(Future orders will be taxed)**

Business Name:	
Address of Purchaser:	Phone Number:
City:	State: Zip Code:
Email Address:	
Signature:	Date:
Print Name:	Title:

Please **Email it** back to accounting@greenrushpackaging.com or **Fax it** to [714-528-2164](tel:714-528-2164)

OFFICE USE ONLY	
Processed in AVA by:	
Account #:	Date: