

## Sales Tax Exemption Certificate Multi - Jurisdiction

See page 2 for instructions							
Last Name or Business Name Good Start Packaging	First	Name				Middle Initial	
Address							
10 Corporate Drive, Suite 20 <sup>2</sup>	1						
City			State	ZIP			
Bedford			NH	03110			
I Certify That							
Name of Firm (Buyer)							
Address					-		
City			State	ZIP			
Qualifies As (Check each applicable item)							
Wholesaler	Retailer	Manufa	cturer		Charitable or	Religious	
Political Subdivision or Governmental Agency Other (Specify)							
If Other, specify here							
1) and is registered with the below listed states and cities within which your firm would deliver purchases to us							
which are for resale or lease by us in the normal course of our business which is							
2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is:							
Political Subdivision or Governmental Agency     Charitable or Religious     Otherwise Exempt By Statute (Specify)							
If Otherwise Exempt By Statue, specify here							
City or State	State Registration or ID Number	City or State			State Registration o	r ID Number	
City or State	State Registration or ID Number	City or State	City or State		State Registration or ID Number		
City or State	State Registration or ID Number	City or State	City or State			State Registration or ID Number	
If the list of states and cities	s is more than six(6) attach	a list to this	certific	ate			
I further certify that if any prop	erty so purchased tax free is	used or consu	med by	the firm as	to make it subje	ct to a Sale or	
Use Tax we will pay the tax du							
tax billing. This certificate sha shall be called until canceled				/e to you, u	nless otherwise	specified, and	
	, ,						
General Description of products to be purchased from seller Food packaging							
Under penalties of perium. Lower or offirm that the information on this form is true and correct as to over a material matter							
Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter. Authorized Signature (owner, Partner or Corporate Officer) Title Date (MM/DD/YY)							
Authorized Signature (owner, Partnei	or Corporate Officer)	Title				Date (MM/DD/YY)	
						4	

## **To Our Customers:**

In order to comply with the majority of state and local sales tax law requirements, it is necessary that we have in our files a properly executed exemption certificate from all of our customers who claim sales tax exemption. If we do not have this certificate, we are obligated to collect the tax for the state in which the property is delivered. If you are entitled to sales tax exemption, please complete the certificate and send it to us at your earliest convenience. If you purchase tax free for a reason for which this form does not provide, please send us your special certificate or statement.

\*Lessor: A form DR0440, "Permit to Collect Sales Tax on the Rental or Lease Basis" must be completed and submitted to the Department of Revenue for approval. **Caution To Seller:** In order for the certificate to be accepted in good faith by the seller, the seller must exercise care that the property being sold is of a type normally sold wholesale, resold, leased, rented , or utilized as an ingredient or component part of a product manufactured by the buyer in the usual course of his business. A seller failing to exercise due care could be held liable for the sales tax due in some states or cities.

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