

TAX IDENTIFICATION FORM

WE ARE REQUIRED TO HAVE THIS FORM SIGNED AND ON FILE FOR ALL OF OUR CUSTOMERS WHO PURCHASE NON-TAXABLE MATERIAL FROM MARK-PACK, INC.

PLEASE FILL OUT COMPLETELY AND RETURN WITH YOUR CREDIT APPLICATION OR FAX AS SOON AS POSSIBLE

MAIL TO: MARK-PACK, INC.

FAX TO: (616) 837-5450

P.O. Box 305

Coopersville, MI 49404-0305

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FEDERAL I.D. NUMBER _____

BLANKET _____ SINGLE PURCHASE _____

PLEASE MARK (X) IN APPROPRIATE SPACES BELOW:

- | | |
|--|---|
| <input type="checkbox"/> TAXABLE FOR ALL PURCHASES | <input type="checkbox"/> INDUSTRIAL PROCESSING |
| <input type="checkbox"/> DIRECT PAYMENT TO THE STATE | <input type="checkbox"/> AGRICULTURAL PROCESSING |
| <input type="checkbox"/> CHURCH, HOSPITAL, ETC. | <input type="checkbox"/> FEDERAL, STATE, CITIES, ETC. |
| <input type="checkbox"/> NON-PROFIT ENTITY – ** MUST SUBMIT DEPARTMENT OF TREASURY AUTHORIZATION | |
| <input type="checkbox"/> RESALE – SALES TAX NUMBER _____ | |

ALL PURCHASES WILL BE NON-TAXABLE: YES NO

I hereby certify under the penalties of perjury that the property that is to be purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the state gross retail sales tax act. I hereby agree to reimburse the seller for any deficiencies imposed by the state for violation of such rules and regulations. This certificate shall be considered a part of each order unless otherwise specified and shall remain in force until revoked in writing.

Signature and Title: _____ Date: _____